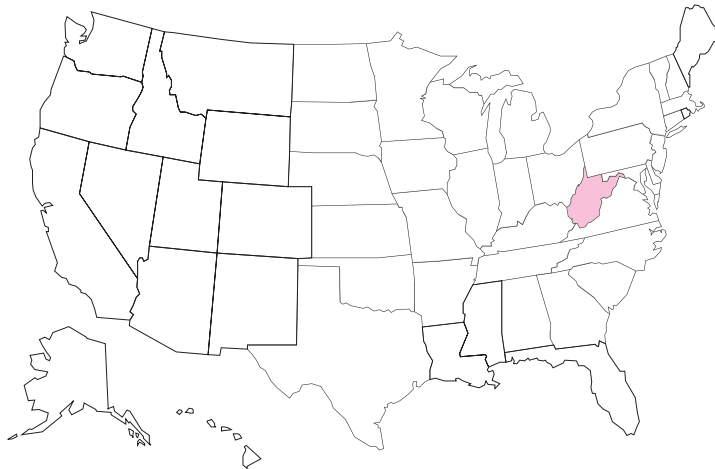


The Status of Women in West Virginia

POLITICS ♦ ECONOMICS ♦ HEALTH ♦ RIGHTS ♦ DEMOGRAPHICS

Edited by Amy B. Caiazza, Ph.D.



Institute for Women's Policy Research
with the assistance of the West Virginia Advisory Committee

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Preface from the West Virginia Advisory Committee

The geography of West Virginia, a predominantly rural state, has had a huge impact on the lives of its women. Because of the state's rural background, women here face less access to many social services, such as domestic violence shelters, child care, and health care, as well as paid employment opportunities. It is crucial that we acknowledge the challenges facing all women in this state and seek ways to address them.

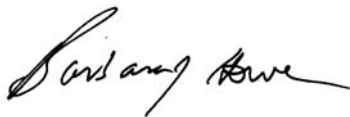
The West Virginia Advisory Committee is made up of prominent and active researchers, advocates, and policy-makers concerned with women's status in the state. As a group of individuals—and not necessarily as representatives of any member's organization or employer—the committee arrived at the recommendations contained in the conclusion through a process of consensus. The committee shares a fervent desire to see public and private entities use the data in this report to ameliorate the severe disadvantages and address other issues facing too many of our women citizens.

We believe this report can have its greatest impact as a starting point for developing more specific recommendations. We urge, therefore, that a nonpartisan blue-ribbon panel with geographic diversity be convened by the Governor or state legislature to prioritize the recommendations in this report, to generate any new ones, and to suggest ways to implement them. This panel would also be charged with the task of creating a detailed long-term agenda for raising the status of women in the state. It would recommend financing strategies, including available federal and private resources, that are realistic in view of the state's financial situation.

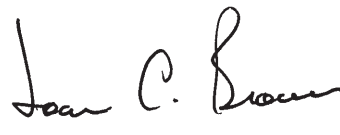
We recommend that the panel be composed of representatives of groups and individuals that already have competence and commitment on these issues, such as the West Virginia Women's Commission; the West Virginia Coalition Against Domestic Violence; members of the state legislature; the West Virginia Community Voices Partnership; women's political organizations; government agencies, such as the Department of Health and Human Resources; representatives of higher education, business, and labor; and other appropriate advocates for women. We recommend that the panel be small enough to be effective but large enough to bring together all perspectives and talents.

Throughout this project, we have had the privilege of meeting dedicated and talented activists, researchers, and policymakers who have devoted their careers to improving the quality of life for women and girls in this state. It is our hope that this report will recognize their contributions and provide support as they continue their hard work.

In closing, the members of the West Virginia Advisory Committee wish to dedicate this report to the memory of Diane Reese, who passed away on August 4, 2002. With her death, the women's movement, both in West Virginia and nationally, lost one of its most inspirational leaders. Diane made a lifelong commitment to end poverty and stop violence against women and children. She was co-team leader at the West Virginia Coalition Against Domestic Violence, which she helped to build and guide from 1988 until her death. The West Virginia Coalition is one of the most effective and respected coalitions in the nation today. In that capacity, Diane lobbied lawmakers to pass West Virginia's first domestic violence law, helped to win police support for efforts to prevent domestic violence, and convinced state officials to allocate funds for prevention and victims' services. Her spirit of peace and justice was an inspiration to us all, and we are honored to continue her extraordinary work.



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Acknowledgments

The Status of Women in the States project has grown tremendously from its beginning in 1996 to become a leading source of analysis of women's status across the country. It is an increasingly participatory project that involves close and ongoing relationships with IWPR's state partners. Not coincidentally, it has also become more visible as a crucial resource for improving state policies that affect women's status.

IWPR would like to express its sincere thanks to the many groups and individuals involved in *The Status of Women in the States* reports. We are especially indebted to the members of the state advisory committees, whose volunteer time and energy on this project are crucial to its success. We are also grateful to the many other state and national organizations that have partnered with IWPR on this project.

IWPR would like to express its special appreciation to the Ford Foundation for primary financial support of this project, and to Helen Neuborne and Barbara Phillips, program officers, both of whom have been extremely supportive of IWPR's work on this project. The Rockefeller Family Fund and the Open Society Institute provided financial support for the outreach work on the project. The Marjorie Cook Family Foundation's generous support of IWPR also contributed to *The Status of Women in the States*. IWPR also received financial support from funders and organizations in the states: the University of Alabama at Birmingham and the University of Alabama for *The Status of Women in Alabama*; the Iowa Women's Foundation and Chrysalis Foundation for *The Status of Women in Iowa*; the Skillbuilders Fund for *The Status of Women in Kansas* and *The Status of Women in Missouri*; the Women's Fund of Rhode Island for *The Status of Women in Rhode Island*; and the Women's Fund of the Greater Milwaukee Foundation, the Brico Fund, A Fund for Women of the Madison Community Foundation, the Women's Fund of the Oshkosh Area Community Foundation, and the French Family Foundation for *The Status of Women in Wisconsin*.

The Status of Women in the States project is blessed with a passionate and impressive staff. April Shaw, Policy Analyst, was a keystone for the project: she coordinated data collection; the production of all charts, tables, and figures; and the revision process. In her second round of States reports, Ms. Shaw's knowledge of and commitment to the project—not to mention her organizational skills—were indispensable. Her kind and positive nature was also much appreciated. New to the project, Jean Sinzdak (IWPR's States Outreach Associate) coordinated the work of the state advisory committees. She showed an outstanding ability to juggle the needs of many individuals and groups and to keep everyone on task, always with a smile on her face. Nancy Mortell, Research/Development Associate, assisted Ms. Shaw in producing the reports and coordinated IWPR's efforts to fundraise for production and dissemination of the reports in the states. Her ability to balance these two tasks efficiently and effectively, and her (dry) sense of humor, were irreplaceable to the research and development staff at IWPR.

IWPR also relied on the work of several interns and work-study students on *The Status of Women in the States* project. Meghan Purvis, Amanda Innes, Lindsay Clark, Julie Hart, Margaret Langsenkamp, Laura Phillips, Katrina Holiday, and Kate Speirs all assisted with data collection and production of the reports. Amy LeMar, IWPR's Mariam K. Chamberlain Fellow in 2001-02, and Melissa Sills, IWPR's George Washington University Fellow in 2001-02, also assisted with the reports.



Many other IWPR researchers also contributed to drafting and editing the reports, including Dr. Stacie Golin, Study Director; Dr. Vicky Lovell, Study Director; Vanessa Melamede, Research Program Assistant; and Lois Shaw, Senior Consulting Economist. All of these researchers took time from their own projects to assist in producing the reports, and the staff of *The Status of Women in the States* owes them a debt of gratitude.

IWPR's communications and production staff played a pivotal role in the reports. Linda Silberg, Director of Communications, and Katie O'Neill, Communications Coordinator, worked with the state advisory committees for more than a year to maximize publicity and visibility for each state's report. Both brought fantastic energy and enthusiasm to the project. With Ms. Silberg, Mick Schommer, Publications Manager and Editor, led the process of laying out and producing the final reports.

Thanks, too, to IWPR's development staff—and especially Noris Weiss Malvey and Matt Chayt, along with Nancy Mortell—whose fundraising for the project allowed it to exist. Their easygoing and engaging attitudes were appreciated by everyone involved.

Finally, Dr. Barbara Gault, Director of Research, and Dr. Heidi Hartmann, President and CEO, provided invaluable ongoing support and input for the project. Their creativity and overall brilliance are, as always, the driving force behind the success of IWPR and all its projects.



Amy Caiazza, Ph.D.
Study Director and Editor, *The Status of Women in the States*

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1. Introduction



During the twentieth century, women made significant economic, political, and social advances, but they are far from enjoying gender equality. Throughout the United States, women earn less than men, are seriously underrepresented in political office, and make up a disproportionate share of people in poverty. Even in areas where there have been significant advances in women's status, rates of progress are slow. For example, at the rate of progress achieved over the past ten years, women will not achieve wage parity for more than 60 years. If women's representation in Congress changes at the rate it did during the 1990s, it will take more than a century to achieve equality in political representation.

To make significant progress toward gender equity, policymakers, researchers, and advocates need reliable data about women and the issues affecting their lives. Recognizing this need, the Institute for Women's Policy Research (IWPR) initiated a series of reports on *The Status of Women in the States* in 1996. The biennial series is now in its fourth round. Over the course of a decade, reports on each of the 50 states and the District of Columbia are being completed. This year, IWPR produced reports on nine states, together with an updated national report summarizing results for all the states and the nation as a whole.

Goals of *The Status of Women in the States* Reports

The Status of Women in the States reports are produced to inform citizens about the progress of women in their state relative to women in other states, to men, and to the nation as a whole. The reports have three main goals: 1) to analyze and disseminate information about women's progress in achieving rights and opportunities; 2) to identify and measure the remaining barriers to equality; and 3) to provide baseline measures and a continuing monitor of women's progress throughout the country. The reports also highlight issues of particular importance

to women in different states through the contributions of IWPR's advisory committees in each state.

The 2002 reports contain indicators describing women's status in five main areas: political participation, employment and earnings, social and economic autonomy, reproductive rights, and health and well-being. In addition, the reports provide information about the basic demographics of the state (see Appendix I). For the five major issue areas addressed in this report, IWPR compiled composite indices based on the indicators presented to provide an overall assessment of the status of women in each area and to rank the states from 1 to 51 (including the District of Columbia; see Appendix II for details).

Although state-by-state rankings provide important insights into women's status throughout the country—indicating where progress is greater or less—in no state do women have adequate policies ensuring their equal rights. Women have not achieved equality with men in any state, including those ranked relatively high on the indices compiled for this report. All women continue to face important obstacles to achieving economic, political, and social parity.

To address the continuing barriers to women across the United States, the reports also include letter grades for each state for each of the five major issue areas. IWPR designed the grading system to highlight the gaps between men's and women's access to various rights and resources. States were graded based on the difference between their performance and goals set by IWPR (e.g., no remaining wage gap or the proportional representation of women in political office; see Appendix II). For example, since no state has eliminated the gap between women's and men's earnings, no state received an A on the employment and earnings composite index. Because women in the United States are closer to achieving some goals than others, the curve for each index is somewhat different. Using the grades, policymakers, researchers, and advocates can quickly identify remaining barriers to equality for women in their state.

IWPR designed *The Status of Women in the States* to actively involve state researchers, policymakers, and advocates concerned with women's status. Beginning in 1996, state advisory committees helped design *The Status of Women in the States* reports, reviewed drafts, and disseminated the findings in their states. IWPR's partnership with the state advisory committees is a participatory process of preparing, reviewing, producing, and publicizing the reports. This participation has been crucial to improving the reports and increasing their effectiveness and impact in each round. Many of the advisory committees have used the reports to advance policies to improve women's status.

About the Indicators and the Data

IWPR referred to several sources for guidelines on what to include in these reports. The Beijing Declaration and Platform for Action from the U.N. Fourth World Conference on Women guided some of its choices of indicators. This document, the result of an official convocation of delegates from around the world, outlines issues of concern to women, rights fundamental to achieving equality and autonomy, and remaining obstacles to their advancement. IWPR also turned to members of its state advisory committees, who reviewed their state's report and provided input for improving the project as a whole. Finally, IWPR staff consulted experts in each subject area for input about the most critical issues affecting women's lives. An important source of this expertise was IWPR's Working Group on Social Indicators of Women's Status, described below.

Ultimately the IWPR research team selected indicators by using several principles: relevance, representativeness, reliability, and comparability of data across all the states and the District of Columbia. While women's status is constantly changing, the evidence contained in this report represents a compilation of the best available data for measuring women's status.

To facilitate comparisons among states, IWPR uses only data collected in the same way for each state. Much of the data is from federal government agencies, including the Census Bureau, the Bureau of Labor Statistics, the Centers for Disease Control, and

the National Center for Health Statistics. Nonprofit and research organizations also provide data.

Many figures rely on the U.S. Census Bureau's Current Population Survey (CPS), a monthly survey of a nationally representative sample of households. To ensure sufficiently large sample sizes for cross-state comparisons, several years of data were combined and then tabulated. The decennial censuses provide the most comprehensive data for states and local areas, but because they are conducted only every ten years, their data are often out of date. CPS data are used to provide more timely information. For this set of reports, IWPR used new economic data from the years 1998-2000. Most 2000 decennial Census data were not yet available at the time these reports were prepared, but IWPR used these data where possible. Some figures, necessarily, rely on older data from the 1990 Census and other sources; historical data from 1980 or earlier are also presented on some topics.

Because the CPS has a much smaller sample than the decennial Census, the population subgroups that can be reliably studied are limited (for information on sample sizes, see Appendix II). The decision to use more recent data with smaller sample sizes is in no way meant to minimize how profoundly differences among women—for example, by race, ethnicity, age, sexual orientation, and family structure—affect their status or how important it is to implement policies that speak to these differences. IWPR made it a top priority to report these differences wherever possible using existing data. Identifying and reporting on sub-regions within states (cities, counties, or urban and rural areas) were also beyond the scope of this project. The lack of disaggregated data often masks regional differences among women within the states. For example, pockets of poverty are not identified, and community-level differences in women's status are not described. While these differences are important, addressing them was not possible due to data and resource constraints.

A lack of reliable and comparable state-by-state data limits IWPR's treatment of several important topics: violence against women; issues concerning nontraditional families of all types; issues of special importance to lesbians; and issues concerning women with disabilities. The report also does not

analyze women's unpaid labor or women in nontraditional occupations. In addition, income and poverty data across states are limited in their comparability by the lack of good indicators of differences in the cost of living by states; thus, poor states may look worse than they really are, and rich states may look better than they really are.

IWPR firmly believes that all of these topics are of utmost concern to women in the United States and continues to search for data and methods to address them. In some cases, IWPR's state advisory committees have contributed their own data and analyses of these issues to the report to supplement IWPR's analysis. Nonetheless, many of these issues do not receive sufficient treatment in national surveys or other data collection efforts.

These data concerns highlight the sometimes problematic politics of data collection: researchers do not know enough about many of the serious issues affecting women's lives because women do not yet have sufficient political or economic power to demand the necessary data. As a research institute concerned with women, IWPR presses for changes in data collection and analysis in order to compile a more complete understanding of women's status. Currently, IWPR is leading a Working Group on Social Indicators of Women's Status designed to assess the measurement of women's status in the United States, determine how better indicators could be developed using existing data sets, make recommendations about gathering or improving data, and build short- and long-term agendas to encourage policy-relevant research on women's well-being and status.

To address gaps in state-by-state data and to highlight issues of special concern within particular states, IWPR also encourages state advisory committees to contribute text presenting state-specific data on topics not covered by the reports. These contributions enhance the reports' usefulness to the residents of each state, while maintaining comparability across all the states, since the contributed data do not affect the rankings or grades.

Readers of this report should keep a few technical notes in mind. In some cases, differences reported between two states—or between a state and the nation—for a given indicator are statistically significant. That is, they are unlikely to have occurred by chance and probably represent a true difference between the two states or the state and the country as a whole. In other cases, these differences are too small to be statistically significant and are likely to have occurred by chance. IWPR did not calculate or report measures of statistical significance. Generally, the larger a difference between two values (for any given sample size), the more likely it is that the difference will be statistically significant.

Finally, when comparing indicators based on data from different years, the reader should note that in the 1990-2002 period, the United States experienced a major economic recession at the start of the decade, followed by a slow and gradual recovery, with strong economic growth (in most states) in the last few years of the 1990s. By 2000, however, the economy had slowed significantly, and a recession began in March 2001.

How *The Status of Women in the States* Reports Are Used

The Status of Women in the States reports have been used throughout the country to highlight remaining obstacles facing women in the United States and to encourage policy changes designed to improve women's status. The reports have helped IWPR's state partners and others to educate the public about issues concerning women's status; inform policies and programs to increase women's voter turnout; and make the case for establishing commissions for women, expanding child care subsidies for low-income women, strengthening supports for women-owned businesses, developing training programs for women to enter nontraditional occupations, and improving women's access to health care. Data on the status of women give citizens the information they need to address the key issues facing women and their families.

2. Overview of the Status of Women in West Virginia

West Virginia reflects the difficult obstacles to equality still facing many women in the United States. Women in West Virginia, and in the United States as a whole, are seeing important changes in their lives and in access to political, economic, and social rights. Still, they by no means enjoy equality with men, and they lack many of the legal guarantees that would allow them to achieve it. Women in West Virginia, and the nation, would benefit from stronger enforcement of equal opportunity laws, better political representation, adequate and affordable child care, stronger

poverty reduction programs, and other policies that would help improve their status.

Among the 50 states and the District of Columbia, West Virginia ranks in the middle third in one key area of women's lives: the state is 21st for women's reproductive rights. In contrast, West Virginia ranks at or near the bottom of all states in the four other areas examined in this report: it is 46th for women's political participation, 48th for their social and economic autonomy and for their health and well-being, and last, or 51st, for women's employment and earnings (see Chart 2.1).

Chart 2.1
How West Virginia Ranks on Key Indicators

Indicators	National Rank*	Regional Rank*	Grade
Composite Political Participation Index	46	8	D-
Women's Voter Registration, 1998 and 2000	35	6	
Women's Voter Turnout, 1998 and 2000	43	6	
Women in Elected Office Composite Index, 2002	39	6	
Women's Institutional Resources, 2002	20	7	
Composite Employment and Earnings Index	51	9	F
Women's Median Annual Earnings, 1999	45	9	
Ratio of Women's to Men's Earnings, 1999	38	8	
Women's Labor Force Participation, 2000	51	9	
Women in Managerial and Professional Occupations, 1999	47	9	
Composite Social and Economic Autonomy Index	48	9	F
Percent with Health Insurance Among Nonelderly Women, 2000	42	8	
Educational Attainment: Percent of Women with Four or More Years of College, 1990	51	9	
Women's Business Ownership, 1997	12	4	
Percent of Women Above the Poverty Level, 1999	47	8	
Composite Reproductive Rights Index	21	6	B-
Composite Health and Well-Being Index	48	8	D-

See Appendix II for a detailed description of the methodology and sources used for the indices presented here.

* The national rankings are of a possible 51, referring to the 50 states and the District of Columbia, except for the Political Participation indicators, which do not include the District of Columbia. The regional rankings are of a maximum of nine (except for the Political Participation indicators, which do not include the District of Columbia) and refer to the states in the South Atlantic region (DC, DE, FL, GA, MD, NC, SC, VA, and WV).

Calculated by the Institute for Women's Policy Research.

Like most states, West Virginia does not ensure equal rights for women, and the problems facing West Virginia women demand significant attention from policymakers, women's advocates, and researchers concerned with women's status. As a result, West Virginia earns the grades of B- for reproductive rights, D- for political participation and for health and well-being, and F for employment and earnings and for social and economic autonomy.

West Virginia joins the District of Columbia, Delaware, Florida, Georgia, Maryland, North Carolina, South Carolina, and Virginia as part of the South Atlantic region. The status of women in West Virginia is generally below average for women in this region. Among the nine states of the South Atlantic region, West Virginia ranks sixth for reproductive rights, eighth for political participation and for health and well-being, and last for employment and earnings and for social and economic autonomy.

Women in West Virginia fare well in some key areas:

- ◆ Of West Virginia's three representatives in the U.S. House of Representatives in fall 2002, one was a woman, and one-third of all the state's high-level appointed executive officials were women.
- ◆ In West Virginia, children who are eligible under federal rules are twice as likely to receive child care subsidies as they are nationally.
- ◆ Women own a larger proportion of businesses in West Virginia than in all but eleven states.
- ◆ West Virginia is one of just 16 states that provide public funding to eligible women for abortion and one of just eleven states that require health insurance companies to cover infertility treatments.
- ◆ West Virginia women are among the least likely in the country to have chlamydia or AIDS.

Still, there are important areas where the state can improve women's status:

- ◆ West Virginia women are among the least likely in the country to vote, and as of fall 2002, the state had no statewide elected officials who were women.
- ◆ West Virginia women are among the least likely to work as professionals and managers, and they have the lowest overall labor force participation rate in the country.
- ◆ At 30 cents per dollar, the wage gap between men's and women's earnings is even larger in West Virginia than nationally (at 27 cents).
- ◆ Women in West Virginia have the lowest levels of educational attainment in the country.
- ◆ Women in West Virginia are much more likely to live in poverty than women nationally.
- ◆ Only 16 percent of women in West Virginia live in counties with abortion providers.
- ◆ Women in West Virginia are among the most likely in the country to die of heart disease or lung cancer, to have diabetes, and to experience activities limitations due to their health status.

West Virginia is a small state, home to fewer than one million women. A large percentage of its population lives in rural areas, which adds to the challenges faced by the state. Women in rural areas face special problems accessing services (such as domestic violence shelters, health providers, or family planning resources) and finding employment. West Virginia's women are less racially and ethnically diverse than women nationally, with fewer immigrants, African Americans, Hispanics, Asian Americans, and Native Americans than the country as a whole. There is a much higher proportion of women with disabilities in West Virginia than in the nation as a whole (see Appendix I for further details).

While West Virginia women are witnessing real improvements in their economic, political, and social status, serious obstacles to their equality remain.

Political Participation

Women in West Virginia register to vote at rates similar to those in the rest of the country, but their voter turnout rate is exceptionally low. Women in West Virginia also have relatively low levels of representation in elected office and only average levels of representation through institutional resources such as a women's caucus in the state legislature. Overall, the state ranks 46th and receives a grade of D- on the political participation composite index. More active voter participation and greater representation in elected office could benefit women overall by encouraging the adoption of more women-friendly policies, which in turn could enhance women's status in other areas.

Employment and Earnings

Women in West Virginia participate in the workforce much less often, earn significantly lower wages, and work as managers or professionals much less frequently than women in the nation as a whole. Their earnings in relation to men's are also lower than in most of the country. These factors combine to place West Virginia last in the nation on the employment and earnings composite index. The state receives a grade of F in this area, reflecting the inequality women experience compared with men.

Social and Economic Autonomy

At 48th for social and economic autonomy, West Virginia women face serious obstacles in this category as well. Although a higher proportion of businesses than average are owned by women in West Virginia (at twelfth in the country), other indicators of women's social and economic autonomy are very low. Almost 19 percent of West Virginia women lack health insurance, and almost 17 percent live below the poverty line. Finally, women in the state have the lowest levels of educational attainment in the coun-

try. West Virginia's difficulty in facilitating social and economic autonomy for women is reflected in the state's grade of F.

Reproductive Rights

West Virginia's women have above average access to important reproductive rights and resources, and as a result the state ranks 21st nationally and sixth regionally on this composite index. The state allows access to abortion services without a waiting period and requires health insurers to cover infertility treatments. The state also requires that schools provide sex education. In contrast, West Virginia requires parental consent for abortion for minors, and it does not require insurance companies to cover contraceptives. Also, West Virginia has the lowest proportion, 16 percent, of women living in counties with an abortion provider, a particularly serious problem in a rural state. Because it still has some room for improvement, West Virginia receives a grade of B- on the reproductive rights index.

Health and Well-Being

Women in West Virginia experience many obstacles to good health and well-being compared with women nationwide. The state ranks 48th for indicators of women's health, and it receives a grade of D- for this composite index. On the positive side, women in West Virginia have among the lowest levels of chlamydia in the country, and their incidence rate of AIDS is better than in most states. In contrast, they fall in the bottom half of all states for almost every other indicator of women's health. They are more likely to be diagnosed with diabetes, die from heart disease or lung cancer, have poor mental health, and have limitations on their physical activity because of health issues than women in most of the country. West Virginia women's relatively poor health status could be addressed by stronger health insurance mandates and improved levels of health insurance coverage in the state.

3. Women's Resources and Rights Checklist



The Fourth World Conference on Women, held in Beijing in September 1995, heightened awareness of women's status around the world and pointed to the importance of government action and public policy for the well-being of women. At the conference, representatives of 189 countries, including the United States, unanimously adopted the Beijing Declaration and Platform for Action, which pledged their governments to action on behalf of women. The Platform for Action outlines critical issues of concern to women and remaining obstacles to women's advancement.

Many of the laws, policies, and programs that already exist in the United States meet the goals of the Platform for Action and support the rights of women identified in the Platform (President's Interagency Council on Women, 2000). In some ways, women in the United States enjoy access to relatively high levels of gender equality compared with women around the world. In other areas, the United States and many individual states have an opportunity to better support women's rights.

The Women's Resources and Rights Checklist, Chart 3.1, provides an overview of the policies supporting women's rights and the resources available to women in West Virginia. This list was derived from ideas presented in the Platform for Action, including the need for policies that help prevent violence against women, promote women's economic equality, alleviate poverty among women, improve their physical, mental, and reproductive health and well-being, and enhance their political power. The rights and resources outlined in the Women's Resources and Rights Checklist fall under several categories: protection from violence, access to income support (e.g., through welfare and child support collection), women-friendly employment protections, family leave benefits, legislation protecting sexual minorities, reproductive rights, and institutional representation of women's concerns.

Many of the indicators in Chart 3.1 can be affected by state policy decisions (see Appendix III for

detailed explanations of the indicators). As a result, the Women's Resources and Rights Checklist provides a measure of West Virginia's commitment to policies designed to help women achieve economic, political, and social well-being. In West Virginia, while women have access to some of the policies and resources on the checklist, they lack many others. The state has adopted twelve out of 31 possible policies presented in the Women's Resources and Rights Checklist.

Violence Against Women

Violence against women can substantially affect women's physical health, psychological well-being, and economic and social stability. Women who experience domestic violence, stalking, sexual assault, and other violence often need appropriate social services and health care to help them escape violent situations. They also need protection from perpetrators of violence and increased awareness among police, prosecutors, and health care professionals about the issues facing victims of violence. Training toward this awareness provides the tools to recognize the signs of abuse and intervene effectively. West Virginia has adopted several important policies and provisions that can help curtail violence and protect survivors, but it lacks a few others.

West Virginia has adopted a domestic battery statute complementing its assault and battery laws. In many states, such provisions are designed to provide enhanced penalties for repeat offenders. A total of 34 states have adopted this type of law.

In addition, West Virginia law requires domestic violence training for new police recruits and health care professionals. Ten states, including West Virginia, require domestic violence training for both groups by statute.

Some insurance companies use domestic violence to justify discrimination against victims, by denying, canceling, or limiting coverage and/or charging a

**Chart 3.1
Women's Resources and Rights Checklist**

	Yes	No	Other Information	Total Number of States with Policy (of 51) or U.S. Average
Violence Against Women				
Has West Virginia adopted a domestic battery statute complementing assault laws?	✓			34
Does West Virginia law require domestic violence training of new police recruits and health care professionals?	✓			10
Does West Virginia law prohibit domestic violence discrimination in insurance?	✓			22
Is a first stalking offense a felony in West Virginia?		✓		12
Does West Virginia law require sexual assault training for police, prosecutors, and health care professionals?		✓		4
Child Support				
Percent of single-mother households receiving child support or alimony:			41%	34%
Percent of child support cases with orders for collection in which support was collected:			48%	39%
Welfare and Poverty Policies				
Does West Virginia extend TANF benefits to children born or conceived while a mother is receiving welfare?	✓			28
Does West Virginia allow receipt of TANF benefits up to or beyond the 60-month federal time limit?	✓		60-month limit	44
Does West Virginia allow welfare recipients at least 24 months before requiring participation in work activities?		✓	Immediate	13
Does West Virginia provide transitional child care under TANF for more than 12 months? ¹		✓		14
Has West Virginia's TANF plan been certified or submitted for certification under the Family Violence Option or made other provisions for victims of domestic violence?	✓			37
In determining welfare eligibility, does West Virginia disregard the equivalent of at least 50 percent of earnings from a full-time, minimum wage job?	✓			11
Does West Virginia have a state Earned Income Tax Credit? ²		✓		16
Maximum TANF benefit for a family of three (two children) in West Virginia, 2001:			\$328.00	\$379.00
Employment/Unemployment Benefits				
Is West Virginia's minimum wage higher than the federal level as of January 2002?		✓	\$5.15	12
Does West Virginia have mandatory temporary disability insurance?		✓		5
Does West Virginia provide Unemployment Insurance benefits to:				
Low-wage earners?		✓		14
Workers seeking part-time jobs?		✓		9
Workers who leave their jobs for certain circumstances ("good cause quits")?		✓		30

Chart 3.1 continued

	Yes	No	Other	Total Number Information of States with Policy (of 51) or U.S. Average
Has West Virginia implemented adjustments to achieve pay equity in its state civil service?		✓		20
Family Leave Benefits				
Has West Virginia proposed legislation extending Unemployment Insurance benefits to workers on temporary leave to care for infants and newly adopted children?		✓		0 Enacted; 20 Proposed
Has West Virginia proposed legislation allowing use of temporary disability insurance to cover periods of work absence due to family care needs?		✓		1 Enacted; 3 Proposed
Sexual Orientation and Gender Identity				
Does West Virginia have civil rights legislation prohibiting discrimination on the basis of sexual orientation and/or gender identity?		✓		14
Has West Virginia adopted legislation creating enhanced penalties or a separate offense for crimes based on sexual orientation?		✓		28
Has West Virginia avoided adopting a ban on same-sex marriage?		✓		16
Reproductive Rights				
Does West Virginia allow access to abortion services: Without mandatory parental consent or notification?		✓		8
Without a waiting period?	✓			29
Does West Virginia provide public funding for abortions under any or most circumstances if a woman is eligible?	✓			16
Does West Virginia require health insurers to provide comprehensive coverage for contraceptives? ³		✓		19
Does West Virginia require health insurers to provide coverage of infertility treatments?	✓			11
Does West Virginia allow the non-legal parent in a gay/lesbian couple to adopt his/her partner's child? ⁴			No case has been tried	25
Does West Virginia require schools to provide sex education? ⁵	✓			23
Institutional Resources				
Does West Virginia have a commission for women?	✓			40
Total Policies⁶	12	18		31 possible

See Appendix III for a detailed description and sources for the items on this checklist.

¹ West Virginia gives no priority to former welfare recipients for child care subsidies, although it does provide subsidies to families with incomes below 150 percent of the poverty line.

² In 1998, West Virginia created an Equal Pay Commission to study the issue. On April 24, 2002, pay equity legislation for certain state government employees was signed into law. As of this report writing, details on how the funds will be spent have yet to be determined.

³ West Virginia requires that at least one method of contraception be covered for all state employees.

⁴ Most states that allow such adoptions do so as a result of court decisions. In West Virginia, no case has yet been tried.

⁵ West Virginia requires that both abstinence and contraception be taught in its sex education curriculum.

⁶ Policies in the "yes" and "no" columns do not add up to 31 because some of West Virginia's policies have mixed evaluations and thus fall in the "other" column.

Compiled by the Institute for Women's Policy Research.

higher premium for coverage. A total of 22 states, including West Virginia, prohibit insurance companies from using domestic violence as a basis for discrimination.

In addition to domestic violence policies, many states also have provisions related to crimes like stalking, harassment, and sexual assault. In twelve states, a first stalking offense is considered a felony. In 26 states, stalking can be classified as either a felony or a misdemeanor, depending on circumstances such as use of a weapon or prior convictions. Felony status is considered preferable because it usually leads to quicker arrest, eliminating the need for police to investigate the seriousness of the stalking to determine probable cause (U.S. Department of Justice, Office of Justice Programs, Violence Against Women Grants Office, 1998). In West Virginia, a first stalking offense is never a felony.

Finally, four states have adopted laws requiring sexual assault training for police, prosecutors, and health care professionals. West Virginia is not one of those states.

Child Support

Many single-mother households experience low wages and poverty. Child support or alimony is one way to supplement their incomes. Child support can make a substantial difference in low-income families' lives by lifting many out of poverty. Among nonwelfare, low-income families with child support arrangements, poverty rates would increase by more than 30 percent without their child support income (IWPR, 1999).

In the United States, approximately 34 percent of single-mother households receive some level of child support or alimony. In West Virginia, 41 percent receive such support, somewhat above the national average. According to the U.S. Department of Health and Human Services, Office of Child Support Enforcement, 61 percent of child support cases have support orders established (U.S. Department of Health and Human Services, Administration for Children and Families, 2001). Child support, however, is collected in only 39 percent of cases with orders (or about 24 percent of all child support cases). The

enforcement efforts made by state and local agencies can affect the extent of collections (Gershenson, 1993). Of all child support cases with orders for collection in West Virginia in 1998, child support was collected in 48 percent. Again, this is above the average for the United States.

Welfare and Poverty Policies

The Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (PRWORA) enacted the most sweeping changes to the federal welfare system since it was established in the 1930s. PRWORA ended entitlements to federal cash assistance, replacing the Aid to Families with Dependent Children (AFDC) program with the Temporary Assistance for Needy Families (TANF) program. While AFDC provided minimum guaranteed income support for all eligible families (most frequently those headed by low-income single mothers), TANF benefits are restricted to a five-year lifetime limit and are contingent on work participation after 24 months. TANF funds are distributed to states in the form of block grants, and states are free to devise their own eligibility rules, participation requirements, and sanction policies within federal restrictions.

States have adopted widely divergent TANF plans. The provisions of their welfare programs can have important ramifications for the economic security of low-income residents, the majority of whom are women and children. These policies affect the ability of welfare recipients to receive training and education for better-paying jobs, leave family situations involving domestic violence and other negative circumstances, and support their families during times of economic hardship. West Virginia has adopted some TANF policies that are relatively supportive of women, but others are more punitive.

As of June 2001, 23 states had Child Exclusion policies, or "Family Caps," which deny or limit benefits to children born to a family that is receiving welfare. Such policies are intended to reduce childbearing among unwed parents and to prevent women from having more children for the sole purpose of increasing their cash benefits. Research suggests, though, that cash assistance does not influence

women's childbearing decisions, making the Family Cap an unnecessary source of economic hardship (IWPR, 1998a). West Virginia extends full TANF benefits to children born or conceived while a mother receives welfare. Including West Virginia, 27 states and the District of Columbia do not have any kind of Family Cap.

West Virginia's time limits on receiving TANF are the maximum allowed under federal regulations. In West Virginia, recipients are limited to 60 months. The average for all states is 55.4 months. Thirty-seven states and the District of Columbia have a time limit of 60 months (the maximum allowed under federal law). Seven states report lifetime time limits of less than 60 months. Six states have no lifetime limits for individuals complying with TANF requirements. These states use state money to supplement federal funding.

Federal law requires nonexempt residents to participate in work activities within two years of receiving cash assistance. States have the option of establishing stricter guidelines, and many have elected to do so. In 29 states, nonexempt recipients are required to engage in work activities immediately under TANF. Nine other states have work requirements within less than 24 months. Twelve states require recipients to work within 24 months or when determined able to work, whichever comes first. One state, Vermont, allows recipients 30 months before requiring work. Welfare recipients in West Virginia are required to begin work activities immediately.

PRWORA also replaced former child care entitlements with the Child Care Development Fund, which consolidated funding streams for child care, increased overall child care funds to states, and allowed states considerable discretion in determining eligibility for child care. This new system requires that states use no less than 70 percent of the new funds to provide child care assistance to several types of families: those receiving TANF, those transitioning away from welfare through work activities, and those designated as being at risk of becoming dependent on TANF (U.S. Department of Health and Human Services, Administration for Children and Families, 1999). In addition to these funds, many states use TANF or additional state funds to provide child care services. States also have sub-

stantial discretion over designing their child care programs, including how long they provide child care services to families.

Currently, for families transitioning away from welfare, 14 states guarantee child care beyond twelve months. Eighteen states provide a total of twelve months of transitional child care. Nineteen states provide less than twelve months of transitional child care. West Virginia gives no guarantee or priority to former welfare recipients for child care subsidies. It does, however, provide subsidies to families up to 150 percent of the poverty line (State of West Virginia, 2002). Expanding child care services is a crucial form of support for working families, especially single mothers, and can be critical to ensuring families' self-sufficiency.

As of June 2001, 36 states and the District of Columbia were recognized by the U.S. Department of Health and Human Services, Administration for Children and Families, as having adopted the Family Violence Option. This option allows victims of violence to be exempted from work requirements, lifetime time limits, or both as part of state TANF plans. West Virginia has adopted the Family Violence Option.

PRWORA also gave states increased flexibility in how they treat earnings in determining income eligibility for TANF applicants. One standard for measuring the generosity of state rules is whether they disregard at least 50 percent of the earnings of a full-time, minimum-wage worker. West Virginia has a generous policy on how it treats earnings in determining TANF eligibility. The state disregards at least 50 percent of the earnings from a full-time, minimum-wage job. Generous earnings disregards can help ease the transition away from welfare for women and their families as they strive for self-sufficiency. Including West Virginia, eleven states disregard at least 50 percent of earnings when determining income eligibility for TANF.

The federal Earned Income Tax Credit (EITC) program began in 1975 and has been expanded several times over the years to support work and decrease poverty. The EITC program allows low-income families to receive tax rebates on all or some of the taxes taken out of their paychecks during the year.

Job Training and Opportunities for West Virginia Women

Every year, more of West Virginia's women enter the workforce. Many women work because their families depend more on women's income now than ever before. Today, families with two full-time incomes are the least likely to live in poverty. Some women work because they are especially in need of the economic independence a job brings. Displaced homemakers (women who because of divorce or other reasons must find a job after many years of work in the home) particularly need dependable employment with good wages and benefits to care for themselves and their families, as do single parents and women receiving public assistance (West Virginia Women's Commission, 1999).

Through job training and job preparation, women are better able to find such work. The best job training takes into account the many roles women play and the specific obstacles that they must overcome. Job training should prepare women for jobs that fit their skills and allow them to support their families financially (West Virginia Women's Commission, 1999).

Job Training Resources Available in West Virginia

A total of 21 West Virginia Job Service offices around the state offer free employment counseling, aptitude testing, job placement services, and referrals to various training programs. The Bureau of Employment Programs, a state department, is also an employment and training network center, and its services include information about job training programs.

Technical and Adult Education

Every county in West Virginia is served by a technical and adult employment center. Some centers have training programs specifically for adults, and others accept adults into their classes for high school students. The Carl D. Perkins Act created a federal program whose funds may be used to assist women and girls in their educational pursuits. Many Carl D. Perkins programs are based at technical and adult centers and community colleges. Some of this money goes to programs training women in nontraditional occupations. Some goes to programs that help teen parents support themselves and their families. Much of the money funds special technical and adult programs for displaced homemakers and single parents. These funds pay for skills training, job readiness training, and career counseling. They also assist with costs such as child care and elder care, transportation, and books and supplies. The Coordinator of Nontraditional Education and Work-Based Learning for the West Virginia Department of Education and the State College System of West Virginia oversees these programs (West Virginia Women's Commission, 1999).

The Workforce Investment Act of 1998

This act consolidated job information resources to make job-hunting easier (the "One-Stop" system) and made local job training available through a voucher system. Services are offered to adults and "dislocated" workers (those who have lost their job due to plant closings or permanent layoff) and also to assist young adults aged 19-21 in obtaining their high school diploma. Teenagers (aged 14-18) can also be educated in basic job skills and provided with assistance in furthering their education (West Virginia Women's Commission, 1999).

(continued on next page)

Apprenticeships

There are training programs where participants learn a skilled trade over a two to five year period through a combination of classroom instruction and on-the-job experience. Apprentices earn money during training, usually starting at about 50 percent of the wages of a skilled craftsman. They receive raises every six months or so and end the apprenticeship at full pay. Over 800 occupations offer apprenticeships, which employers and labor unions usually oversee jointly. Aircraft mechanics, butchers, electronics technicians, machinists, and welders all may train through apprenticeships, for instance (West Virginia Women's Commission, 1999).

Many women need some training before they enter an apprenticeship program, whether to brush up on math skills, increase their physical strength, or improve their self-esteem and confidence. Some job training programs have pre-apprenticeship training to meet such needs (West Virginia Women's Commission, 1999). Since 1978, apprenticeship programs with more than five apprentices have been required to recruit women and minorities where these groups are underrepresented. The U.S. Bureau of Apprenticeship and Training (BAT) enforces these affirmative action programs.

Nontraditional Jobs for Women

Unfortunately, many job training programs operate as if women can do only a few kinds of jobs, such as clerical work, health aid work, or work with children. Many of these traditionally "female" jobs are low-paying, while traditionally "male" jobs, such as construction, plumbing, and electrical work, offer higher pay and more benefits (Negrey, et al., 2002).

Some training programs are specifically designed to help women enter non-traditional occupations (jobs with fewer than 25 percent female workers), by teaching job skills, improving physical fitness, and educating women about their employment rights. All job training programs should recognize that some of the best jobs for women are in non-traditional fields. Women seeking jobs should also recognize that finding a good paying job may mean looking for non-traditional occupations (West Virginia Women's Commission, 1999).

For more information on job training for West Virginia, see the list of resources and contact information in Appendix V.

The success of the program has prompted some states to enact state EITCs in recent years. State EITCs reduce poverty and play a critical role in supporting families with low earnings, especially those families making the transition from welfare to work.

Currently, 16 states offer an EITC modeled on the federal EITC (Zahradnik, Johnson, and Mazerov, 2001). Eleven of these states have a refundable EITC, which means that families can receive the full amount of their tax credits even if they exceed the total amount of families' income tax liabilities. Refundable EITCs benefit many more low-income working families than non-refundable EITCs. West Virginia has not enacted an EITC.

Among all 50 states and the District of Columbia, the median maximum cash assistance benefit check in 2001 for families receiving TANF was \$379 per month for a family of three (two children and one parent). In West Virginia, the maximum monthly benefit was \$328, less than the national average.

Even states with relatively generous welfare policies do not always provide welfare recipients adequate opportunities to take advantage of the resources available to them, often because of poor implementation of state TANF plans. For example, welfare recipients are not always aware of the benefits that are available to them, such as child care, Food Stamps, or Medicaid, especially after they lose cash

assistance under TANF (Shumacher and Greenberg, 1999; Ku and Garrett, 2000). In addition, they may not be aware of policies such as Family Violence exemptions or other regulations allowing them to extend their eligibility for receiving benefits. Through rigorous training of caseworkers, with an emphasis on informing welfare recipients of their rights, of available resources, and of other policies, states can work to ensure that recipients are able to take full advantage of the economic and support services available to them (for information on some opportunities available to low-income women in West Virginia, see Job Training and Opportunities for West Virginia Women).

Employment/Unemployment Benefits

Employment policies and protections are crucial to helping women achieve economic self-sufficiency and to providing them with a safety net during periods of unemployment. West Virginia employment policies are relatively unsupportive of women workers.

The minimum wage is particularly important to women, because women constitute the majority of low-wage workers. Research by IWPR and the Economic Policy Institute has found that women would be a majority of the workers affected by a one-dollar increase in the minimum wage (Bernstein, Hartmann, and Schmitt, 1999). As of January 2002, eleven states and the District of Columbia had minimum wage rates higher than the federal level of \$5.15. Three states had minimum wage rates lower than the federal level (but the federal level generally applies to most employees in these states). Seven states had no minimum wage law, and 29 states had state minimum wages equal to the federal level. In West Virginia, the minimum wage level is the same as the federal level, at \$5.15 an hour.

Temporary Disability Insurance (TDI) is also an important resource for women because it provides partial income replacement to employees who leave work because of an illness or accident unrelated to their jobs. In the five states with mandated programs (California, Hawaii, New Jersey, New York, and Rhode Island), employees and/or their employers

pay a small percentage of the employee's salary into an insurance fund. In return, employees are provided with partial wage replacement if they become ill or disabled. Moreover, in states with TDI programs, women workers typically receive eight to twelve weeks of partial wage replacement for maternity leaves through TDI (Hartmann, et al., 1995). West Virginia does not require mandatory TDI. Failure to require mandatory TDI coverage leaves many women, especially single mothers, vulnerable in case of injury or illness.

Unemployment Insurance (UI) provides workers and their families a safety net during periods of unemployment. In order to receive UI, potential recipients must meet several eligibility requirements. IWPR research has shown that nearly 14 percent of unemployed women workers are disqualified from receiving UI by earnings criteria, more than twice the rate for unemployed men (see Appendix III for more details on UI requirements; Yoon, Spalter-Roth, and Baldwin, 1995). States typically set eligibility standards for UI and can enact policies that are more or less inclusive and more or less generous to claimants.

In West Virginia, UI policies are relatively harmful to women. Policies prohibit both low-wage earners and workers seeking part-time jobs from qualifying for unemployment benefits. Because women are more likely than men to seek part-time work, the failure to cover part-time workers disproportionately harms women. West Virginia's UI policies also do not allow women to qualify for insurance in cases of "good cause quits," in which a worker leaves a job for personal circumstances, which might include moving with a spouse, harassment on the job, or one's own or family illness.

To decrease wage inequality between women and men, some states have implemented pay equity remedies, which are policies designed to raise the wages of jobs undervalued at least partly because of the sex or race of the workers who hold those jobs. Since 1997, 20 states have implemented programs to raise the wages of workers in female-dominated jobs in their state employment systems (National Committee on Pay Equity, 1997). A study by IWPR found that in states implementing pay equity remedies, the remedies improved female/male wage

ratios (Hartmann and Aaronson, 1994). West Virginia has not yet implemented policies within its state civil service to achieve pay equity for state government employees. In 1998, however, West Virginia created an Equal Pay Commission to study the issue. On April 24, 2002, pay equity legislation for certain state government employees was signed into law. As of this writing, details on how the funds will be spent to adjust salaries have yet to be determined.

Family Leave Benefits

As women's labor force participation has increased, so has the need for paid family leave. The Family and Medical Leave Act of 1993 provides for unpaid time off from work to care for sick relatives or a newborn or adopted child, guaranteeing leave-takers' jobs when they return to work. This legislation does not replace the income workers lose while taking leave to care for their families, however. Among workers, 77 percent who need leave but fail to take it cannot afford the time without pay, and 25 percent of low-income workers who do take some leave have to turn to welfare for support (U.S. Department of Labor, 2001).

Some states have responded to this gap in recent years by adopting policies that give families more options for paid family leave. One initiative proposed by 20 states would extend UI benefits to workers on temporary leave to care for infants and newly adopted children (Society for Human Resource Management, 2001; National Partnership for Women and Families, 2001a). If adopted, "Baby UI" is expected to improve parent-child bonding, encourage more stable child-care arrangements, and increase workforce attachment (Lovell and Rahmanou, 2000). West Virginia has not introduced baby UI legislation.

Another strategy used by some states to provide paid family leave involves extending mandatory TDI programs to provide insurance coverage for periods of work absence due to family care needs, in addition to the worker's own illness or disability. In September 2002, California amended its TDI program to include family leave with partial pay for up to six weeks. New York and New Jersey have proposed similar expansions of their plans, and Massachusetts has proposed adopting a new manda-

tory TDI program that would include coverage for family leave (National Partnership for Women and Families, 2001b). West Virginia has not (and does not have mandatory TDI).

If West Virginia were to provide family leave benefits by adopting an expansive TDI program and/or adopting Baby UI, all workers would be better able to care for their families.

Sexual Orientation and Gender Identity

West Virginia lacks several policies that would provide lesbians and other sexual minorities access to the same rights as other citizens. Thirteen states and the District of Columbia have adopted statutes prohibiting discrimination on the basis of sexual orientation. West Virginia has not adopted such a law. Another 27 states and the District of Columbia have passed laws creating enhanced penalties or separate offenses for perpetrators of hate crimes committed against victims because of their sexual orientation. West Virginia has not passed a hate crime bill that addresses crimes against gay, lesbian, and bisexual residents. West Virginia also has specifically prohibited same-sex marriage. Thirty-five states have banned same-sex marriage. Only one state, Vermont, has expressly allowed gay and lesbian couples to take advantage of the same rights and benefits extended to married couples under state law, through the passage of a "civil union" act. Vermont's law, which was signed in April 2000, allows gay and lesbian couples to claim benefits such as inheritance rights, property rights, tax advantages, and the authority to make medical decisions for a partner if they have been registered as a civil union.

Reproductive Rights

While indicators concerning reproductive rights are covered in detail later in the report, they also represent crucial components of any list of desirable policies for women. In West Virginia, women have above average levels of access to abortion, contraception, and other family planning resources. Such access can allow women to make careful, informed, and independent decisions about childbearing,

which can in turn have a considerable impact on their well-being and the well-being of their children.

Institutional Resources

Since West Virginia women have a state-level commission for women, they have one form of representation that might help create more women-friendly policies in their state (see the section on Political Participation for details). Forty states currently have state-level commissions for women.

Conclusion

West Virginia has some strong policies regarding violence against women, welfare and poverty, and

reproductive rights, but it lacks many important policies concerning women's employment and unemployment benefits and family leave benefits, as well as a few policies protecting the rights of lesbians and gays. In order for women in West Virginia to achieve more equality and greater well-being, the state should adopt the policies it still lacks from the Women's Resources and Rights Checklist. Although this list does not encompass all the policies necessary to guarantee equality, it represents a sample of exemplary women-friendly provisions. Each of the policies also reflects the goals of the Beijing Declaration and Platform for Action by addressing issues of concern to women and obstacles to women's equality. Thus, these rights and resources are important for improving women's lives and the well-being of their families.

4. Political Participation



Political participation allows women to influence policies that affect their lives. By voting, running for office, and taking advantage of other avenues for participation, women can make their concerns, experiences, and priorities visible in policy decisions. Recognizing the lack of equity in political participation and leadership throughout the world, the Beijing Declaration and Platform for Action makes ensuring women equal access to avenues for participation and decision-making a major objective. This section presents data on several aspects of women’s involvement in the political process in West Virginia: voter registration and turnout, female state and federal elected and appointed representation, and women’s state institutional resources.

Over the past few decades, a growing gender gap in attitudes among voters—the tendency for women and men to vote differently—suggests that some of women’s political preferences differ from men’s. Women, for example, tend to support funding for social services and child care, as well as measures combating violence against women, more than men

do. In public opinion surveys, women express concern about issues like education, health care, and reproductive rights at higher rates than men (Conway, Steuernagel, and Ahern, 1997). Because women are often primary care providers in families, these issues can have an especially profound effect on women’s lives.

Political participation allows women to demand that policymakers address these and other priorities. Voting is one way for them to express their concerns. Women’s representation in political office also gives them a more prominent voice. In fact, regardless of party affiliation, female officeholders are more likely than male officeholders to support women’s agendas (Center for American Women and Politics [CAWP], 1991; Swers, 2002). In addition, legislatures with larger proportions of female elected officials tend to address women’s issues more often and more seriously than those with fewer female representatives (Dodson, 1991; Thomas, 1994). Finally, representation through institutions such as women’s commissions or women’s legislative caucuses provides ongoing channels for

Chart 4.1
Political Participation: National and Regional Ranks

Indicators	National Rank* (of 50)	Regional Rank* (of 8)	Grade
Composite Political Participation Index	46	8	D-
Women’s Voter Registration (percent of women 18 and older who reported being registered to vote in 1998 and 2000) ^a	35	6	
Women’s Voter Turnout (percent of women 18 and older who reported voting in 1998 and 2000) ^a	43	6	
Women in Elected Office Composite Index (percent of state and national elected officeholders who are women, 2002) ^{b, c, d}	39	6	
Women’s Institutional Resources (number of institutional resources for women in West Virginia, 2002) ^{e, f}	20	7	

See Appendix II for methodology.

* The national rankings are of a possible 50, because the District of Columbia is not included in these rankings. The regional rankings are of a maximum of eight and refer to the states in the South Atlantic region (DE, FL, GA, MD, NC, SC, VA, and WV).

Source: ^a U.S. Department of Commerce, Bureau of the Census, 2000c, 2002c; ^b CAWP, 2002a, 2002b, 2002c, 2002d; ^c Council of State Governments, 2000; ^d Compiled by IWPR based on Center for Policy Alternatives, 1995; ^e CAWP, 1998; ^f National Association of Commissions for Women, 2000.

Calculated by the Institute for Women’s Policy Research.

expressing women's concerns and makes policy-makers more accessible to women, especially when those institutions work closely with women's organizations (Stetson and Mazur, 1995).

Overall, women in West Virginia do not fare well on measures of political participation when compared with women in the United States. At 46th, the state ranks near the bottom of all the states on the political participation composite index. Its rankings on individual indicators range from 20th for women's institutional resources to 43rd for women's voter turnout (see Chart 4.1). West Virginia falls in the bottom third for women's voter registration (35th) and for women in elected office (39th).

Within the South Atlantic region, West Virginia ranks sixth for women's voter registration, women's voter turnout, and women in elected office. The state is seventh for women's institutional resources. Overall, West Virginia ranks last in its region for women's political participation (the District of Columbia is not included in the regional rankings for political participation).

West Virginia's performance makes it clear that for indicators of political participation, the state has quite a bit of room for improvement. West Virginia's grade of D- for the political participation index represents women's muted voice in the political process. Women throughout the country, and especially in West Virginia, need better representation in the political process

Voter Registration and Turnout

Voting is one of the most fundamental ways Americans express their political needs and interests. Through voting, citizens choose leaders to represent them and their concerns. Recognizing this, early women's movements made suffrage one of their first goals. Ratified in 1920, the Nineteenth Amendment established U.S. women's right to vote, and that year about eight million out of 51.8 million women voted for the first time (National Women's Political Caucus, 1995). African American and other minority women were denied the right to vote in many states until the Voting Rights Act of 1965 was passed. Even after women of all races were able to

exercise their right to vote, many candidates and political observers did not take women voters seriously. Instead, they assumed women would either ignore politics or simply vote like their fathers or husbands (Carroll and Zerrilli, 1993).

Women now register and vote at a slightly higher rate than men. In 2000, over 69 million women, or 65.6 percent of those eligible, reported being registered to vote, compared with more than 60 million, or 62.2 percent, of eligible men (see Table 4.1). West Virginia's voter registration rates for the 2000 general election were lower for women but slightly higher for men than national rates. Nevertheless, 63.2 percent of West Virginia women reported being registered, while a slightly smaller proportion, 62.9 percent of, men did. In contrast, in 1998, women's voter registration rate in West Virginia was two percentage points higher than the national rate (65.5 percent and 63.5 percent, respectively). Men's rate was slightly lower than the national rate (59.8 percent and 60.6 percent, respectively) in 1998. West Virginia ranks 35th among all the states and sixth in the South Atlantic region for women's voter registration levels in the 2000 and 1998 general elections combined.

Women voters have constituted a majority of U.S. voters since 1964. In both 1998 and 2000, 53 percent of all voters were women. In most states, women have higher voter turnout rates than men. In 2000, 52.0 percent of West Virginia women reported voting, while in 1998, only 36.8 percent did (see Table 4.2; these data are for general elections and not primaries). In both 1998 and 2000, West Virginia women had a lower turnout rate than in the nation as a whole. West Virginia ranks 43rd among all the states and sixth in the South Atlantic region for women's voter turnout in the 2000 and 1998 elections combined.

Voter turnout jumped substantially for both sexes in the nation as a whole between 1998 and 2000, primarily because 2000 was a presidential election year. Presidential elections traditionally have much higher turnout than non-presidential elections. In West Virginia, women voted at a nearly identical rate to men in 2000 (52.0 percent and 52.2 percent respectively), but those figures marked a substantial increase for both women and men over 1998. That year, 36.8 percent of women and 34.8 percent of

Table 4.1
Voter Registration for Women and Men in West Virginia and the United States

	West Virginia		United States	
	Percent	Number	Percent	Number
2000 Voter Registration^{a*}				
Women	63.2%	475,000	65.6%	69,193,000
Men	62.9%	412,000	62.2%	60,356,000
1998 Voter Registration^{b*}				
Women	65.5%	488,000	63.5%	65,445,000
Men	59.8%	392,000	60.6%	57,659,000
Number and Percent of All Voter Registration Applications, 1999-2000, Received at:^c				
Public Assistance Offices	45.2%	27,907	2.9%	1,314,500
Disability Services Offices	12.1%	7,487	0.4%	190,009
* Percent of all women and men aged 18 and older who reported registering, based on data from the 1998 and 2000 November Supplements of the Current Population Survey. These data are self-reports and tend to overstate actual voter registration. Source: ^a U.S. Department of Commerce, Bureau of the Census, 2002c; ^b U.S. Department of Commerce, Bureau of the Census, 2000c; ^c Federal Election Commission, 2000. Compiled by the Institute for Women's Policy Research.				

men in the state voted. Overall, compared with other Western democracies, voter turnout is relatively low for both sexes in the United States.

Lower levels of voter turnout among minority men and women can mean that their interests and concerns are less well represented in the political

process. In 1998, 46.4 percent of white men and 46.5 percent of white women voted in the United States, compared with 37.6 percent of African American men and 41.9 percent of African American women. Even lower proportions of Hispanic and Asian American citizens voted: just 18.8 percent of Hispanic men, 21.3 percent of

Hispanic women, 18.6 percent of Asian American men, and 19.7 percent of Asian American women. Unfortunately, voting data for minority men and women in West Virginia are not available due to small sample sizes (data not shown; U.S. Department of Commerce, Bureau of the Census, 2000c).

Over the years, most U.S. states have developed relatively complicated systems of voter registration. Voting has typically required advance registration at a few specified locations. This sys-

Table 4.2
Women's and Men's Voter Turnout in West Virginia and the United States

	West Virginia		United States	
	Percent	Number	Percent	Number
2000 Voter Turnout^{a*}				
Women	52.0%	390,000	56.2%	59,284,000
Men	52.2%	341,000	53.1%	51,542,000
1998 Voter Turnout^{b*}				
Women	36.8%	274,000	42.4%	43,706,000
Men	34.8%	228,000	41.4%	39,391,000
* Percent of all women and men aged 18 and older who reported voting, based on data from the 1998 and 2000 November Supplements of the Current Population Survey. These data are self-reports and tend to overstate actual voter turnout. Source: ^a U.S. Department of Commerce, Bureau of the Census, 2002c; ^b U.S. Department of Commerce, Bureau of the Census, 2000c. Compiled by the Institute for Women's Policy Research.				

tem is historically a major cause of low U.S. voting rates (Wolfinger and Rosenstone, 1980). Those in poverty and persons with disabilities are particularly disadvantaged by inaccessible and cumbersome voter registration systems. Voting itself is also more difficult for people with disabilities because of problems such as inadequate transportation to the polls. In response to these issues, several states have eliminated registration requirements or allowed registration on the same day as voting. In these states, both voting and registration rates are among the highest in the country.

Effective January 1995, the National Voter Registration Act (NVRA) requires states to allow citizens to register to vote when receiving or renewing a driver's license or applying for AFDC, Food Stamps, Medicaid, the Special Supplemental Nutrition Program for Women, Infants and Children (WIC), and disability services. Under the new welfare system, applicants for TANF and related programs continue to have the opportunity to register to vote when seeking welfare benefits.

In 1999-2000, states processed voter registration applications for over 20 million people through public agencies, including 1.3 million through public assistance agencies, 27,907 of whom live in West Virginia (see Table 4.1). Another 190,000 applications in the United States, including 7,487 in West Virginia, were registered at disability services offices. In West Virginia, an exceptionally high proportion of all new voter registration applications, 45.2 percent, was received through public assistance offices compared with in the nation as a whole (2.9 percent). Similarly, a much higher proportion, 12.1 percent, was received through disability service offices in West Virginia than in the United States (0.4 percent). These numbers indicate that West Virginia has done a relatively effective job of making these voter registration services visible and of improving its application processes for low-income and disabled voters.

Women in Public Office

Elected Officials in the Legislative and Executive Branches

Although women constitute a minority of elected officials at both the national and state levels, their presence has grown steadily over the years. As more women hold office, women's issues are also becoming more prominent in legislative agendas (Thomas, 1994). Thirteen women served in the 2001-02 U.S. Senate (107th Congress). Women also filled 60 of the 435 seats in the 107th U.S. House of Representatives (not including Eleanor Holmes Norton, the nonvoting delegate from the District of Columbia, and Donna Christian-Green, the nonvoting delegate from the Virgin Islands). Women of color filled only 21 House seats and no Senate seats. There were no women from West Virginia in the U.S. Senate, but one of the state's three U.S. Representatives was a woman. This level of repre-

Table 4.3
Women in Elected Office in West Virginia and the United States, 2002

	West Virginia	United States
Number of Women in Statewide Executive Elected Office^{a, b}	0	88
Women of Color ^c	0	4
Number of Women in the U.S. Congress:		
U.S. Senate ^d	0 of 2	13 of 100
Women of Color ^c	0	0
U.S. House ^e	1 of 3	60 of 435
Women of Color ^c	0	21
Number of Women Running for the U.S. Congress, 2000^{f, g*}		
U.S. Senate	0 of 2	9 of 89
U.S. House	1 of 5	122 of 799
Percent of State Legislators Who Are Women^h	18.7%	22.6%

* These figures refer to candidates running for congressional seats in the general election and exclude those running in primaries.

Source: ^a CAWP, 2002a; ^b Council of State Governments, 2000; ^c CAWP, 2002e; ^d CAWP, 2002c; ^e CAWP, 2002d; ^f CAWP, 2001; ^g Federal Election Commission, 2001a, 2001b; ^h CAWP, 2002b.

Compiled by the Institute for Women's Policy Research.



sentation in the House was above the nationwide average for women (see Table 4.3).

At the state level, women did not hold any elected executive offices in West Virginia, placing the state substantially below the national average. The proportion of women in the state legislature was also lower than the national average, at 18.7 percent, compared with a 22.6 percent average for the nation as a whole.

Based on the proportion of women in elected office, West Virginia ranks 39th in the nation and sixth in the South Atlantic region on this component of the political participation index. Like women in most states, women in West Virginia remain far from achieving proportional representation in elected office.

Research on women as political candidates suggests that they generally win elected office at similar rates to men, but far fewer women run for office (National Women’s Political Caucus, 1994). In 2000, 122 women out of 799 total candidates (15.2 percent) ran for office in the U.S. House of Representatives, while nine women of 89 total candidates (10.1 percent) ran for office in the U.S. Senate. Thus, women’s rates of representation (13.8 percent in the House and 13.0 percent in the Senate) were very close to their proportion of candidacies for office. This suggests that, for women to win their proportionate share of political offices in the near term, the number and percentage of seats they run for must be much higher than they were during the 1990s. In West Virginia, no women ran for a seat in U.S. Senate, for a rate lower than the national average, but one woman of five total candidates (20 percent) ran for a seat in the U.S. House in the 2000 general election, for a rate higher than average.

Policies and practices that encourage women to run for office—including those that would help them challenge incumbents—can be integral to increasing women’s political voice (Burrell, 1994). Such policies include campaign finance reform, recruitment of female

candidates by political parties and other organizations, and fair and equal media treatment for male and female candidates.

Women Executive Appointees

Women appointed to political positions in the executive branch can also influence policy to better account for women’s needs and interests. Women’s representation in appointed office in the executive branch has grown substantially over the past several years. In the period between 1997 and 2001, the percentage of women appointees serving in leadership positions in state executive branches across the United States rose by 6.6 percentage points, from 28.3 to 34.9 percent (Center for Women in Government and Civil Society, 2001). Women in West Virginia served in a similar proportion of appointed executive offices in 2001, at 33.3 percent (Table 4.4). A total of six women served out of 18 possible positions.

Just one appointed executive position in West Virginia was held by a woman of color in 2001—an African American. No Hispanic, Asian American, or Native American women served in appointed executive office. In the United States as a whole, out of 1,905 possible positions, 70 African American women, 29 Hispanic women, 18 Asian American women, and just one Native American woman served in appointed executive office (for a proportion of 6.2 percent women of color).

Table 4.4
Women in Appointed Office in West Virginia and the United States, 2002

	West Virginia	United States
Number and Percent of Women in Appointed Executive Office	6 of 18 33.3%	665 of 1,905 34.9%
White	5	547
African American	1	70
Hispanic	0	29
Asian American	0	18
Native American	0	1

Source: Center for Women in Government and Civil Society, 2001.
Compiled by the Institute for Women’s Policy Research.

Women in the Judicial Branch

Women can also play an important role in implementing and deciding policy in the judicial branch, especially as judges on state courts. Judicial interpretation of the law is crucial to many policy areas of concern to women, including reproductive rights, discrimination, violence, and family law (Kenney, 2001). Women’s presence in judicial policymaking in these areas can shape the way these issues are decided. As of 2001, among state supreme courts, the median rate of representation for women was 26 percent. In West Virginia, it was lower, at just 20 percent (see Table 4.5). Out of five members of the state supreme court, Chief Justice Robin Jean Davis is a woman (West Virginia Supreme Court of Appeals, 2002a).

Recognizing the importance of the court system to guaranteeing women’s rights, during the 1980s many states created gender bias task forces designed to analyze whether women received equal treatment under the law within their judicial systems. The first of these was created in 1982 in New Jersey. The first gender bias task force for federal court circuits was created in 1992 within the Ninth Circuit (encompassing nine Western states; Resnik, 1996). These task forces have repeatedly found evidence of discrimination against women and made recommendations for improving judicial equality. As of 1999, 45

states had established gender bias task forces at some point in their history. West Virginia has had a gender bias task force, the Task Force on Gender Bias in the Courts, which published a final report in 1996 (NOW Legal Defense and Education Fund, National Judicial Education Program, 2001). To follow up on its work, there is currently a Task Force on Gender Fairness in the Courts Implementation Committee, which is responsible for putting the report’s recommendations into effect (West Virginia Supreme Court of Appeals, 2002b).

Institutional Resources

Women’s institutional resources in state government, including commissions for women and women’s caucuses, can increase the visibility of

Table 4.5
Women in the Judiciary in West Virginia and the United States

	West Virginia	Total, United States
Percent of State Supreme Court Seats Held by Women, 2001	20%	26%*
Has West Virginia Ever Had a Gender Bias Task Force, as of 1999?	Yes	45

* Median for all 50 states.
Source: Kenney, 2001.
Compiled by the Institute for Women's Policy Research.

Table 4.6
Institutional Resources for Women in West Virginia and the United States, 2002

	Yes	No	Total, United States
Does West Virginia have a:			
Commission for Women? ^a	✓		40
Legislative Caucus in the State Legislature? ^b	Informal		33
House of Representatives?	✓		
Senate?	✓		

Source: ^a National Association of Commissions for Women, 2000, updated by IWPR; ^b CAWP, 1998, updated by IWPR.
Compiled by the Institute for Women's Policy Research.



women's political concerns and interests. When adequately staffed and funded, politically stable, and structured to be accessible to women's groups, these resources can strengthen women's political voices by providing information about women's issues and attracting the attention of policymakers and the public to women's political concerns (Stetson and Mazur, 1995). They can also serve as an access point for women and women's groups to express their interests to public officials. Such institutions can ensure that women's issues remain on the political agenda.

West Virginia has a state-level, government-appointed commission for women, the West Virginia

Women's Commission. It also has an informal women's caucus in each house of the state legislature (see Table 4.6). Although there is no formal caucus, women members from both parties in each house meet regularly to discuss issues of agreement and to support specific legislation.

Nationwide, 40 states have state-level commissions for women and 33 have women's caucuses. Fifteen states have both a commission for women and formal caucuses in each house of the state legislature. Based on the number of institutional resources available to women in West Virginia, the state ranks 20th in the nation and seventh in the South Atlantic region.

5. Employment and Earnings



Because earnings are the largest component of income for most families, earnings and economic well-being are closely linked. Noting the historic and ongoing inequities between women’s and men’s economic status, the Beijing Declaration and Platform for Action stresses the need to promote women’s economic rights. Its recommendations include improving women’s access to employment, eliminating occupational segregation and employment discrimination, and helping men and women balance work and family responsibilities. This section surveys several aspects of women’s economic status by examining the following topics: women’s earnings, the female/male earnings ratio, women’s labor force participation, and the industries and occupations in which women work.

Families often rely on women’s earnings to remain out of poverty (Cancian, Danziger, and Gottschalk, 1993; Spalter-Roth, Hartmann, and Andrews, 1990).

Moreover, women’s employment status and earnings have grown in importance for the overall well-being of women and their families as demographic and economic changes have occurred. Men, for example, experienced stagnant or negative real wage growth during the 1980s and the early portion of the 1990s. More married-couple families now rely on both husbands’ and wives’ earnings. In addition, more women head households on their own, and more women are in the labor force.

Women in West Virginia rank last in the nation on IWPR’s employment and earnings composite index (see Chart 5.1). The state’s highest ranking on this index is for the ratio of women’s to men’s earnings, at 38th. It falls to 45th for the level of women’s median annual earnings, 47th for the proportion of women working in managerial and professional occupations, and last for women’s labor force participation.

Chart 5.1
Employment and Earnings: National and Regional Ranks

Indicators	National Rank* (of 51)	Regional Rank* (of 9)	Grade
Composite Employment and Earnings Index	51	9	F
Women's Median Annual Earnings (for full-time, year-round workers, aged 16 and older, 1999) ^a	45	9	
Ratio of Women's to Men's Earnings (median annual earnings of full-time, year-round women and men workers aged 16 and older, 1999) ^a	38	8	
Women's Labor Force Participation (percent of all women, aged 16 and older, in the civilian non-institutional population who are either employed or looking for work, 2000) ^b	51	9	
Women in Managerial and Professional Occupations (percent of all employed women, aged 16 and older, in managerial or professional specialty occupations, 1999) ^c	47	9	

See Appendix II for methodology.

* The national rankings are of a possible 51, including the 50 states and the District of Columbia. The regional rankings are of a maximum of nine and refer to the states in the South Atlantic region (DC, DE, FL, GA, MD, NC, SC, VA, and WV).

Source: ^a IWPR, 2001b; ^b U.S. Department of Labor, Bureau of Labor Statistics, 2002; ^c U.S. Department of Labor, Bureau of Labor Statistics, 2001a.

Calculated by the Institute for Women's Policy Research.

West Virginia also ranks last for women’s employment and earnings overall within the South Atlantic region. It is last among the nine states in the region on all the component indicators except for the ratio of women’s to men’s earnings, where it ranks eighth.

Women in West Virginia clearly have far from adequate access to the economic resources of the state. The state receives an F on the employment and earnings index.

Women’s Earnings

West Virginia women working full-time, year-round have considerably lower median annual earnings than women in the United States as a whole (\$22,200 and \$26,900, respectively; see Figure 5.1; see Appendix II for details on the methodology used for 1998-2000 Current Population Survey data presented in this report). Similarly, median annual earnings for men in West Virginia are substantially lower than in the United States as a whole (\$31,700 and \$37,000, respectively). Median annual earnings for women in West Virginia rank last in the South Atlantic region and 45th in the nation. Women in the District of Columbia rank the highest both nationally and regionally, with earnings of \$35,800.

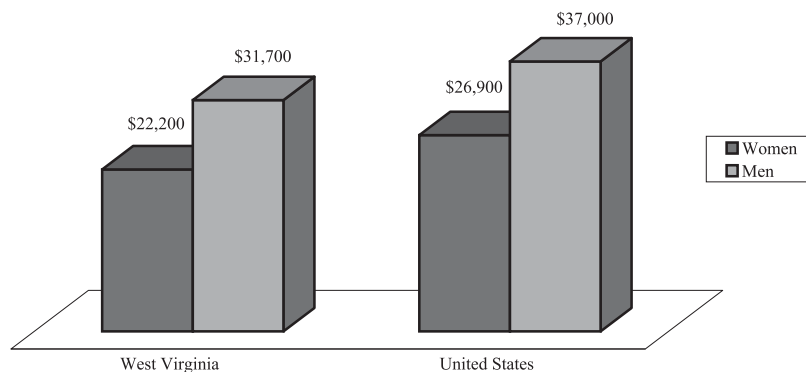
Between 1989 and 1999, women in West Virginia saw their median annual earnings increase by 8.4 percent in real terms. Within the South Atlantic region, this rate of growth ranked fifth. The top rate of growth in the region was in South Carolina, where women’s earnings increased by 15.3 percent. The slowest rate of growth regionally was in Georgia, where women’s earnings increased by only 1.4 percent (data not shown; all growth rates are calculated for earnings that have been adjusted to remove the effects of inflation; IWPR, 2001b and 1995a).

Unfortunately, the data set used to estimate state-level women’s earnings does not provide enough cases to reliably estimate earnings separately for women of different races and ethnicities. National data show, however, that in 1999 the median annual earnings of African American women were \$24,800, those of Native American women were \$23,300, and those of Hispanic women were \$20,000, substantially below that of non-Hispanic white women, who earned \$28,500. The earnings of Asian American women were the highest of all groups at \$30,000 (median earnings of full-time, year-round women workers aged 15 years and over; all data converted to 2000 dollars; IWPR, 2001b).

A national survey by the Census Bureau also shows that, in 1997, the median annual earnings of women with disabilities were only 78 percent of the earnings of women without disabilities (for female workers 21-64 years of age; McNeil, 2000).

Low earnings levels in West Virginia may overstate differences between workers’ living standards in West Virginia and other states, because low earnings may be partially offset by lower costs of living. Similarly, in high-earnings states, earnings may be partially offset by a high cost of living. Cost-of-living data are not available by state, however, so no adjustments were made to state earnings data.

Figure 5.1
Median Annual Earnings of Women and Men Employed Full-Time/Year-Round in West Virginia and the United States, 1999 (2000 Dollars)



For women and men aged 16 and older. See Appendix II for methodology.
 Source: IWPR, 2001b.
 Calculated by the Institute for Women’s Policy Research.

The Wage and Pension Gap

The Wage Gap and Women's Relative Earnings

In the United States, women's wages have historically lagged behind men's. In 1999, the median wages of women who worked full-time, year-round were only 72.7 percent of men's (based on calculations from three years of pooled data). In other words, women were earning about 73 cents for every dollar earned by men.

In West Virginia, women earned 70.0 percent of what men earned in 1999. Compared with the earnings ratio for the nation as whole, West Virginia women experience less earnings equality with men (see Figure 5.2). West Virginia ranks 38th in the nation for the ratio of women's to men's earnings for full-time, year-round work. In contrast, the District of Columbia has the highest ratio at 89.2 percent. Compared with the other states in the South Atlantic region, West Virginia ranks eighth. The District of Columbia ranks first, while Delaware, Florida, and Maryland rank second, third, and fourth in the region. Virginia ranks last with a 67.7 percent wage ratio. Unfortunately, the

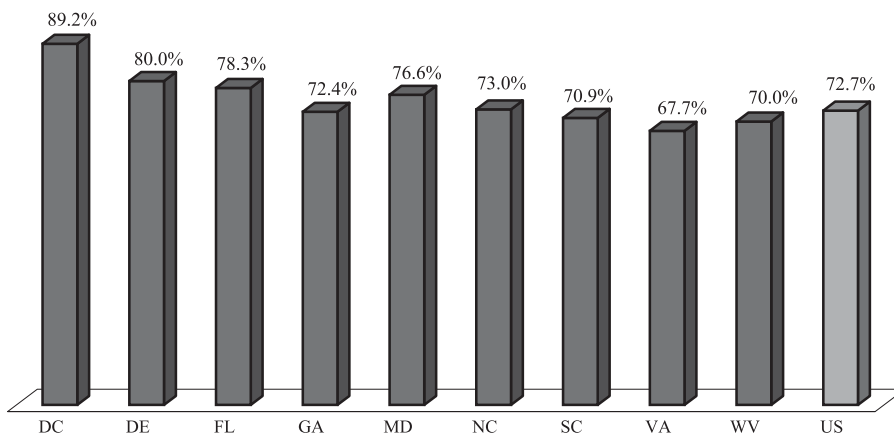
wage gap remains large in West Virginia, as it does throughout the United States.

There are many factors that help explain differences in women's and men's wages. Earnings are determined partly by human capital, or the development of job-related skills through education, job training, and workforce experience. Women and men continue to differ in the amount of human capital they attain.

Women and men also tend to hold different occupations, work in different industries, and join unions at different rates. Research shows that the combined effect of differences in human capital, jobs, and unionization is likely to account for roughly three-fifths of the gender wage gap (Council of Economic Advisers, 1998), leaving a substantial portion that cannot be explained. Evidence from case studies and litigation suggests that discrimination continues to play a role in reducing women's earnings. Differences in human capital and job characteristics may also reflect discrimination, to the extent that women face greater barriers to obtaining human capital or are discouraged or prevented from entering certain occupations or industries.

This report uses the overall wage gap between women and men who work full-time year-round as an indicator of women's status because it accurately reflects the difference in women's and men's access to earnings. While some of the earnings gap is due to measurable differences in human capital and job characteristics, women and men do not have equal opportunities to increase their human capital, nor do they face equal employment opportunities in all occupations and industries.

Figure 5.2
Ratio of Women's to Men's Full-Time/Year-Round Median Annual Earnings in States in the South Atlantic Region, 1999



For women and men aged 16 and older. See Appendix II for methodology.
 Source: IWPR, 2001b.

Calculated by the Institute for Women's Policy Research..

Narrowing the Wage Gap

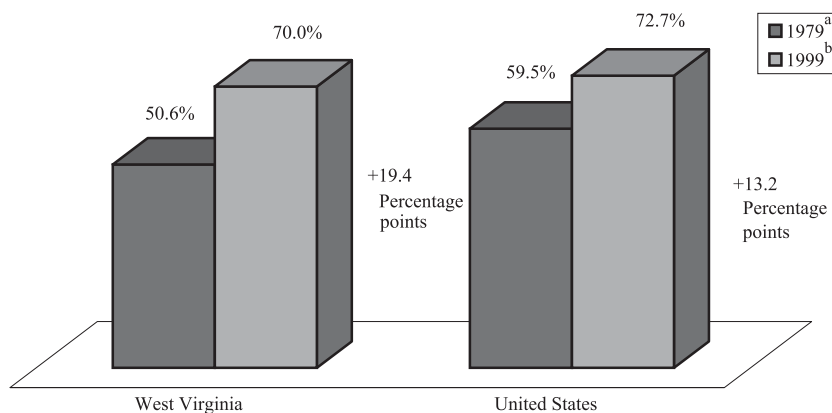
Throughout the 1960s and 1970s, the ratio of women’s earnings to men’s in the United States remained fairly constant at around 60 percent. During the 1980s, however, women made progress in narrowing the gap between men’s earnings and their own. Women increased their educational attainment and their time in the labor market and entered better-paying occupations in large numbers, partly because of equal opportunity laws. At the same time, though, adverse economic trends such as declining wages in the low-wage sector of the labor market began to make it more difficult to close the gap, since women still tend to be concentrated at the low end of the earnings distribution. If women had not increased their relative skill levels and work experience as much as they did during the 1980s, those adverse trends might have led to a widening of the gap rather than the considerable narrowing that occurred (Blau and Kahn, 1994).

One factor that probably also helped to narrow the earnings gap between women and men is unionization. Women have increased their share of union membership, and being unionized tends to raise women’s wages relatively more than men’s. Research by IWPR found that union membership raises women’s weekly wages by 38.2 percent and men’s by 26.0 percent (data not shown; Hartmann, Allen, and Owens, 1999). In West Virginia, the wages of all unionized women were 45.7 percent higher than those of nonunionized women. Unionization also raises the wages of women of color relatively more than the wages of non-Hispanic white women and the wages of low earners relatively more than the wages of high earners (Spalter-Roth, Hartmann, and Collins, 1993). In the United

States, unionized minority women earned 38.6 percent more than nonunionized ones. Similar data are not available for West Virginia due to small sample sizes (Hartmann, Allen, and Owens, 1999).

Although women’s real wage growth has been strong over most of the past few decades, part of the narrowing in the wage gap that occurred in the past two decades was due to a fall in men’s real earnings. Between 1979 and 1999, about two-thirds (63 percent) of the narrowing of the national female/male earnings gap was due to women’s rising real earnings, while about one third (37 percent) was due to men’s falling real earnings. During the latter half of this period, the growth in women’s real earnings slowed, and even more of the narrowing of the gap was due to falling real wages for men. From 1989 to 1999, almost half of the narrowing (47.5 percent) was due to the fall in men’s real earnings (IWPR, 1995a and 2001b). As men’s real earnings have increased during the last few years, the wage gap between men and women increased again, since women’s wage growth did not keep pace with men’s. At the national level, the highest wage ratio for the median annual earnings of full-time, year-round workers, 74.2 percent, was observed in 1997, but by 2000 the ratio had fallen to 73.3 percent, a gap of 26.7 percent (U.S. Department of Commerce, Bureau of the Census, 2002b).

Figure 5.3
Change in the Wage Ratio Between 1979 and 1999
in West Virginia and the United States



For women and men aged 16 and older. See Appendix II for methodology.

Source: ^a IWPR, 1995a; ^b IWPR, 2001b.

Calculated by the Institute for Women’s Policy Research.



West Virginia moved at a much faster rate than the United States as a whole in increasing women’s annual earnings relative to men’s between 1979 and 1999 (see Figure 5.3). In West Virginia, the annual earnings ratio increased by 19.4 percentage points, compared with an increase of 13.2 percentage points in the United States as a whole. Between 1989 and 1999, the wage gap narrowed in West Virginia at the third fastest rate in the country, 11.0 percentage points (data not shown; IWPR, 2001b and 1995a).

Earnings and Earnings Ratios by Educational Levels

Between 1979 and 1999, women with higher levels of education in West Virginia saw their median annual earnings increase more than those of women with lower levels of educational attainment. As Table 5.1 shows, increases ranged from 9.0 percent (in constant dollars) for women with a four-year college education to 20.9 percent for those with more than a four-year college education, while women who had not completed high school experienced a decrease of 9.7 percent. Women with no more than a high school education also lost earnings in real terms in West Virginia. This was also true even women with some college.

West Virginia women with less than a high school education saw their relative earnings (as measured by the female/male earnings ratio) increase by 52.1 percent, indicating that men at that educational level lost even more earnings in real terms. Women with

just a high school education, with some college, and with a college degree also saw their earnings equality with men improve 26.9 percent, 15.1 percent, and 29.1 percent respectively. Curiously, women with the most education saw the wage gap increase: women with more than a four-year college education experienced a 2.3 percent widening of the wage gap, indicating that men at that high level of education had an even larger earnings increase than women did.

The low and falling earnings of women with the least education make it especially important that all women have the opportunity to increase their education. For example, many welfare recipients lack a high school diploma or further education, but in many cases they are encouraged or required to leave the welfare rolls in favor of immediate employment. These single mothers may be consigned to a lifetime of low earnings if they are not allowed the opportunity to complete and acquire some education beyond high school (Negrey, et al., 2002). As Table 5.1 shows, women with a college degree or post-graduate training have much higher earnings than those without, and their earnings have generally been growing.

Pension Receipt and Benefit Levels

On average, women earn less and live longer than men. Older women typically enter retirement with fewer economic resources than men. For today’s women, the likelihood of having long-term financial

Table 5.1
Women's Earnings and the Earnings Ratio in West Virginia by Educational Attainment, 1979 and 1999 (2000 Dollars)

Educational Attainment	Women's Median Annual Earnings, 1999^a	Percent Change in Real Earnings, 1979^b and 1999^a	Female/Male Earnings Ratio, 1999^a	Percent Change in Earnings Ratio, 1979^b and 1999^a
Less than 12th Grade	\$15,000	-9.7	71.0%	+52.1
High School Only	\$18,000	-7.1	60.9%	+26.9
Some College	\$22,000	-5.6	62.9%	+15.1
College	\$30,600	+9.0	78.5%	+29.1
College Plus	\$38,000	+20.9	63.3%	-2.3

Source: ^a IWPR, 2001b; ^b IWPR, 1995a.
Calculated by the Institute for Women's Policy Research.

support from a man is less than in previous generations. It is particularly unlikely that a woman can depend principally on a husband's financial support in her old age. For older African American and Hispanic women, the economic challenges can be particularly severe. Overall, there is a substantial gender and race gap in all sources of retirement income, including Social Security, pensions, savings, and post-retirement employment (Shaw and Hill, 2001).

Nationwide, in 1999, 18.4 percent of women and 27.8 percent of men aged 50 and older received income from pensions and other retirement sources (excluding Social Security income, but including income from company or union pension plans, government pensions, regular payments from IRA or Keogh accounts, and regular payments from annuities or paid insurance policies), indicating a large gender gap (see Table 5.2; for data on Social Security income see Figure 6.9). In West Virginia, 22.5 percent of women, compared with 34.8 percent of men, aged 50 and older received pensions and other retirement income. Interestingly, both women and men in West Virginia are more likely to be receiving pensions than their counterparts in the country as a whole.

There are a few possible explanations for these higher pension rates. Women and men in West Virginia are more likely to work in the mining industry than

they are in the United States as a whole. This industry in general has a relatively high rate of unionization, and unionization rates are also higher for mining industry employees in West Virginia than in the United States overall (44.1 percent and 38.1 percent, respectively; U.S. Department of Energy, Energy Information Administration, 2001). Because unionized workers often receive more and better benefits, including pensions, than nonunionized workers, these high unionization rates may be contributing to West Virginia workers' higher rates of receipt. In addition, West Virginia's population is older than the U.S. population. Across the United States, older generations are more likely to receive pensions than younger ones. Finally, West Virginia has a much larger proportion of men and women with disabilities than does the nation as a whole. Persons with disabilities often have earlier retirement rates, which could also contribute to the higher rates of pension receipt in West Virginia.

In both West Virginia and the United States, there was also a substantial gender gap in the level of benefits received in 1999. Nationally, women aged 50 and older received median annual benefits of \$6,200, while men received benefits twice as large, \$12,400. In West Virginia, the difference was even greater. Median annual benefits for West Virginia women were somewhat lower than for women in the United States as a whole (\$4,200 and \$6,200, respectively). Median annual benefits for men were

also somewhat lower than for the United States as a whole (\$9,500 and \$12,400, respectively).

Minority men and women are much less likely to receive pensions than white men and women. Unfortunately, the data set used to examine pensions and other retirement income at the state level does not provide enough cases to reliably estimate pensions and other retirement income by state separately for women and men of different races and ethnicities. In the United States, 20.1 percent of white

Table 5.2
Pension-Related Income Among Women and Men Aged 50 and Older in West Virginia and the United States, 1999

	West Virginia		United States	
	Women	Men	Women	Men
Percent Receiving Pensions and Other Retirement Income*	22.5%	34.8%	18.4%	27.8%
Median Annual Benefits**	\$4,200	\$9,500	\$6,200	\$12,400

* Includes veterans' pensions, survivor pensions, and any other pension and retirement income (excluding Social Security income), including income from company or union pension plans, government pensions, regular payments from IRA or Keogh accounts, and regular payments from annuities or paid insurance policies.
 ** For those receiving benefits.
 Source: IWPR, 2001a.
 Calculated by the Institute for Women's Policy Research.

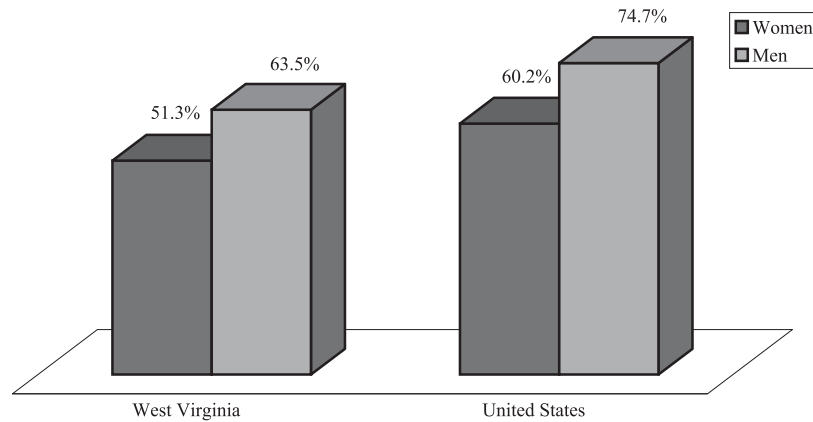
women aged 50 and older received pensions and other retirement income, compared with 11.9 percent of minority women. Similarly, 30.2 percent of white men aged 50 and older received benefits, compared with 17.4 percent of minority men (IWPR, 2001a). This gap is larger than the gap in earnings between white and minority women.

Labor Force Participation

One of the most notable changes in the U.S. economy over the past decades has been the rapid rise in women's participation in the labor force. Between 1965 and 2000, women's labor force participation increased from 39 to 60 percent (these data reflect the proportion of the civilian noninstitutional population aged 16 and older who are employed or looking for work; U.S. Department of Labor, Bureau of Labor Statistics [BLS], 2001a). Women now make up nearly half of the U.S. labor force at 46.5 percent of all workers (full-time and part-time combined). According to projections by the BLS, women's share of the labor force will continue to increase, growing to 48 percent by 2010 (Fullerton and Toossi, 2001).

In 2000, 51.3 percent of women in West Virginia were in the labor force, compared with 60.2 percent of women in the United States, the lowest percentage of any state in the nation. Men's labor force participation rate in West Virginia was also substantially lower than the rate for men in the United States as a whole (see Figure 5.4; see also What Does It Mean To Be a Woman in a Rural State?).

Figure 5.4
Percent of Women and Men in the Labor Force in West Virginia and the United States, 2000



For women and men in the civilian non-institutional population, aged 16 and older.
 Source: U.S. Department of Labor, Bureau of Labor Statistics, 2002.
 Compiled by the Institute for Women's Policy Research.

Unemployment and Personal Income Per Capita

In West Virginia, a larger proportion of workers are unemployed than in the nation as a whole. In 2000, the unemployment rate in West Virginia was 4.9 percent for women and 6.1 percent for men, compared with the nation's 4.1 percent for women and 3.9 percent for men (see Figure 5.5).

West Virginia experienced considerably higher than average unemployment rates in 2000, the 1990s, and the 1980s. As a result, personal income per capita in

Table 5.3
Personal Income Per Capita for Both Women and Men in West Virginia and the United States, 2000

	West Virginia	United States
Personal Income Per Capita, 2000	\$21,900	\$29,700
Personal Income Per Capita, Percent Change*:		
Between 1990 and 2000	17.0%	17.3%
Between 1980 and 1990	10.5%	19.9%
Between 1980 and 2000	29.4%	40.6%

* In constant dollars.
 Source: U.S. Bureau of Economic Analysis, 2001.
 Calculated by the Institute for Women's Policy Research.

What Does It Mean to be a Woman in a Rural State?

West Virginia has always been a rural state. In 1870, the first census that included the new state of West Virginia found that only 7.4 percent of the state's population lived in the cities of Wheeling, Parkersburg, Martinsburg, and Charleston, while 25.7 percent of the nation's population lived in urban areas (U.S. Department of Commerce, Bureau of the Census, 1993). In 2000, the state was still just 52.5 percent urban, while the United States as a whole was 83.1 percent urban (see Appendix Table 1.1).

What difference does this make for women? In 1880, only Nevada, Arizona, and Idaho had lower percentages of women in the paid work force than did West Virginia (U.S. Census Office, 1902). By 1970, and continuing through 2000, West Virginia ranked last among the states and the District of Columbia in terms of the percentage of women in the paid work force (Chart 5.1).

Of course, women are often working outside the paid labor force—many times in unofficial jobs such as babysitting, as family workers on farms, or doing child care and domestic work in their own homes, for example. At the same time, West Virginia women have less access to paid employment than women in other states, especially in more urban states. Even in West Virginia, a higher percentage of women are in the paid work force in cities than in rural areas. In 1989, only Jefferson County had a higher rate (57 percent) of female participation in the labor force than the national rate, and Monongalia County, home of West Virginia University, was the only other county with more than 50 percent of women in the labor force (West Virginia Women's Commission, 1995).

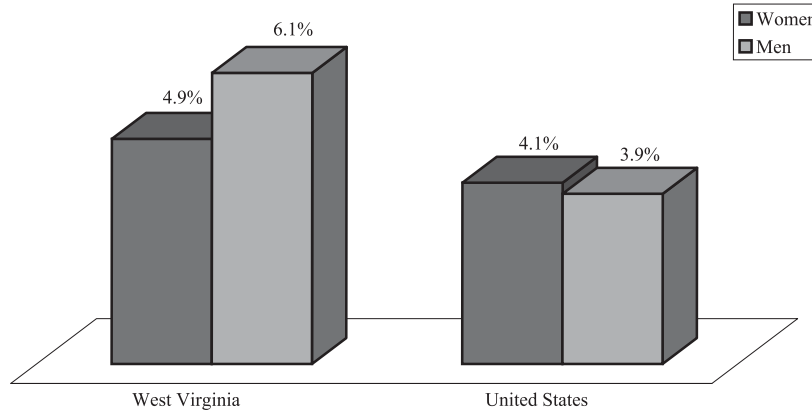
Why Do Rural Women Have Limited Employment Opportunities?

First, women in rural areas lack access to public transportation that can take them to jobs, social service agencies, or health care providers, among other crucial services that aid employment. As of 2002, a majority—58 percent—of West Virginia's rural residents live in areas that are not served by any public transportation, while 23 percent have below average access to transportation services (Community Transportation Association, 2001).

Living in a rural state also means less access to licensed child care centers. In 1985, West Virginia had 143 licensed child care facilities, but 15 of the state's 55 counties had no such facilities, and only Cabell (eleven), Monongalia (14), and Kanawha (23) counties had more than ten each (West Virginia Women's Commission, 1985). A decade later, there were 288 licensed child care facilities, but three of the most rural counties—Pocahontas, Tucker, and Webster—still had no licensed centers, and 18 counties had no licensed care for children under 24 months of age (West Virginia Women's Commission, 1995). By September 2000, the West Virginia Office of Social Services had licensed 476 child care centers in the state and 29 outside of the state (because so many of the state's residents live in border counties). Still, four counties (Mason, Mercer, Mineral, and Mingo) had no licensed facilities, and Braxton, Doddridge, Pleasant, Tucker, Tyler, and Webster counties each had only one (West Virginia Office of Social Services, 2000).

Notably, women in rural West Virginia also have limited access to domestic violence shelters. According to the West Virginia Coalition Against Domestic Violence, there are 14 domestic violence program locations in the state, with nine of these in border counties. Most of the state's largest cities—Wheeling, Parkersburg, Charleston, Huntington, Martinsburg, Fairmont, Bluefield, Beckley, and Morgantown—have domestic violence shelters, as do smaller cities such as Williamson, Lewisburg, Sutton, Keyser, and Elkins. Nonetheless, there are 41 counties without such services (West Virginia Coalition Against Domestic Violence, 2002).

Figure 5.5
Unemployment Rates for Women and Men in West Virginia and the United States, 2000



For women and men in the civilian non-institutional population, aged 16 and older.
 Source: U.S. Department of Labor, Bureau of Labor Statistics, 2002.
 Compiled by the Institute for Women's Policy Research.

West Virginia grew more slowly than it did in the nation. Between 1980 and 1990, it grew just 10.5 percent, versus 19.9 percent nationally (see Table 5.3). From 1990 to 2000, income per capita in West Virginia continued to grow more slowly than it did nationally, at a rate 0.3 percentage points below the nation's growth rate. Over the two decades together,

West Virginia's growth in income per capita lagged behind the nation by 11.2 percentage points.

Part-Time and Full-Time Work

The percent of the female workforce in West Virginia employed full-time is slightly smaller than

Table 5.4
Full-Time, Part-Time, and Unemployment Rates for Women and Men in West Virginia and the United States, 1999

	West Virginia		United States	
	Female Labor Force	Male Labor Force	Female Labor Force	Male Labor Force
Total Number in the Labor Force	382,000	435,000	64,855,000	74,512,000
Percent Employed Full-Time	68.1	82.3	71.5	85.8
Percent Employed Part-Time*	25.9	10.3	24.2	10.1
Percent Voluntary Part-Time	20.2	6.9	20.6	8.3
Percent Involuntary Part-Time	3.9	2.8	2.0	1.3
Percent Unemployed	5.9	7.2	4.3	4.1

For men and women aged 16 and older.
 * Percent part-time includes workers normally employed part-time who were temporarily absent from work the week of the survey. Those who were absent that week are not included in the numbers for voluntary and involuntary part-time. Thus, these two categories do not add to the total percent working part-time.
 Source: U.S. Department of Labor, Bureau of Labor Statistics, 2001a, Tables 1, 12, and 13.
 Compiled by the Institute for Women's Policy Research.

the national average (68.1 percent versus 71.5 percent; see Table 5.4), while the percent working part-time is slightly larger than the national average (25.9 percent versus 24.2 percent). In the part-time category, the percent of women in the labor force who are “involuntary” part-time employees—that is, they would prefer full-time work were it available—is nearly twice as high in West Virginia as in the United States (3.9 percent and 2.0 percent, respectively), reflecting West Virginia’s higher unemployment rate. A slightly lower proportion of West Virginia’s female labor force is working part-time voluntarily compared with the proportion in the United States as a whole (20.2 percent and 20.6 percent, respectively).

Workers are considered involuntary part-time workers if, when interviewed, they state that their reason for working part-time (fewer than 35 hours per week) is slack work—usually reduced hours at one’s normally full-time job, unfavorable business conditions, reduced seasonal demand, or inability to find full-time work. Many reasons for part-time work, including lack of child care, are not considered involuntary by the Bureau of Labor Statistics, since workers must indicate they are available for full-

time work to be considered involuntarily employed part-time. This definition, therefore, likely understates the extent to which women would prefer to work full-time.

Labor Force Participation of Women by Race and Ethnicity

According to IWPR analysis of data from the Current Population Survey from 1998-2000, 49.9 percent of women of all races aged 16 and older in West Virginia were in the labor force in 1999, a rate substantially lower than in the United States as a whole, 60.5 percent (see Table 5.5). White women’s labor force participation rate was also lower in West Virginia than in the United States as a whole (49.0 percent compared with 60.6 percent). While data for minority women were not available for West Virginia due to small sample sizes, African American women in the United States historically have had a higher rate of labor force participation than white and Hispanic women and continued to do so in 1999. Nationally, 63.9 percent of African American women were in the workforce, compared with 60.6 percent of white women and 56.7 percent of Hispanic women. Labor force participation rates

Table 5.5
Labor Force Participation of Women in West Virginia and the United States by Race and Ethnicity, 1999

Race and Ethnicity	West Virginia		United States	
	Number of Women in Labor Force	Percent in Labor Force	Number of Women in Labor Force	Percent in Labor Force
All Races	384,000	49.9	65,769,000	60.5
White*	362,000	49.0	47,805,000	60.6
African American*	N/A	N/A	8,602,000	63.9
Hispanic**	N/A	N/A	6,364,000	56.7
Asian American*	N/A	N/A	2,515,000	59.4
Native American*	N/A	N/A	494,000	59.0

For women aged 16 and older.

The numbers and percentages in this table are based on three years of pooled data for the years 1998-2000; they differ slightly from official labor force participation rates published by the U.S. Department of Labor, Bureau of Labor Statistics, for 1999.

See Appendix II for details on the methodology.

N/A = Not available.

* Non-Hispanic.

** Hispanics may be of any race.

Source: IWPR, 2001b.

Calculated by the Institute for Women's Policy Research.



were 59.4 percent and 59.0 percent for Asian American and Native American women, respectively.

Labor Force Participation of Women by Age

Workforce participation varies across the life cycle. Women’s highest levels of participation generally occur between ages 25 and 54, which are also considered the prime earning years. Table 5.6 shows the relationship between labor force participation and age for women in West Virginia and in the United States. Women in West Virginia have lower labor force participation rates at all ages than their U.S. counterparts. Nationally, the highest labor force participation of women occurs between ages 35 and 44, with 78.0 percent of these women working. In West Virginia, by contrast, the highest rate of labor force participation occurs between ages 25 and 34, with 75.1 percent in the workforce (compared with 76.7 percent in the United States as a whole). Young women in their teens (ages 16-19), many of whom are attending school, are much less likely to participate in the labor market than any other age group except the pre-retirement and retired cohorts. In West Virginia, 33.2 percent of teenage women

reported being in the labor force, much less than the 48.5 percent for female teens in United States as a whole.

As women near retirement age, they are much less likely to work than younger women. In the United States, women aged 55-64 have a labor participation rate of 52.9 percent. In West Virginia, only 42.4 percent of these women are in the workforce. Similarly, 6.5 percent of women aged 65 and older in West Virginia are in the workforce, compared with 9.8 percent of women in that age group nationally.

Labor Force Participation of Women with Children

Mothers represent the fastest growing group in the U.S. labor market (Brown, 1994). In 1999, 55 percent of women with children under age one were in the labor force, compared with 31 percent in 1976 (U.S. Department of Commerce, Bureau of the Census, 2001a). In general, the workforce participation rate for women with children in the United States tends to be higher than the rate for all women (67.5 percent versus 60.5 percent in 1999). This is partially explained by the fact that the overall labor

Table 5.6
Labor Force Participation of Women in West Virginia and the United States by Age, 1999

Age Groups	West Virginia		United States	
	Number of Women in Labor Force	Percent in Labor Force	Number of Women in Labor Force	Percent in Labor Force
All Ages	384,000	49.9	65,769,000	60.5
Ages 16-19	17,000	33.2	3,809,000	48.5
Ages 20-24	49,000	65.1	6,774,000	73.2
Ages 25-34	81,000	75.1	14,750,000	76.7
Ages 35-44	92,000	71.9	17,625,000	78.0
Ages 45-54	89,000	66.4	14,493,000	77.3
Ages 55-64	45,000	42.4	6,477,000	52.9
Ages 65 and Older	11,000	6.5	1,842,000	9.8

For women aged 16 and older.
The numbers and percentages in this table are based on three years of pooled data for the years 1998-2000; they differ slightly from official labor force participation rates published by the U.S. Department of Labor, Bureau of Labor Statistics, for 1999. See Appendix II for details on the methodology.
Source: IWPR, 2001b.
Calculated by the Institute for Women's Policy Research.

Table 5.7
Labor Force Participation of Women with Children
in West Virginia and the United States, 1999

	West Virginia Percent in the Labor Force	United States Percent in the Labor Force
Women with Children		
Under Age 18*	59.3	67.5
Under Age 6	59.2	63.4

For women aged 16 and older.
 * Children under age 6 are also included in children under 18.
 Source: IWPR, 2001b.
 Calculated by the Institute for Women's Policy Research.

force participation rate is for all women aged 16 and older; thus both teenagers and retirement-age women are included in the statistics, even though they have much lower labor force participation rates. Mothers, in contrast, tend to be in age groups with higher labor force participation rates. This is also true in West Virginia, with 59.3 percent of women with children under age 18 in the workforce, compared with 49.9 percent of all women in West Virginia in 1999. Like all women, however, women with children are less likely to engage in labor market activity in West Virginia than in the United States as a whole (59.3 percent versus 67.5 percent, respectively; see Table 5.7). Women with children under six are also less likely to be in the labor force in West Virginia than in the nation as a whole, although the gap is smaller (59.2 percent versus 63.4 percent). Still, growth over time has been substantial. In 1995, for example, 50.1 percent of women with children were in the labor force in the state, for an increase of over 9.0 percentage points in just four years (IWPR, 1998b).

Child Care and Other Caregiving

The high and growing rates of labor force participation of women with children suggest that the demand for child care is also growing. Many women report a variety of problems finding suitable child care (affordable, good quality, and conveniently located), and women use a wide variety of types of child care. These arrangements include doing shift work to allow both parents to take turns providing care; bringing a child to a parent's workplace; working at home;

using another family member (usually a sibling or grandparent) to provide care; using a babysitter in one's own home or in the babysitter's home in a family child care setting; using a group child care center; or leaving the child unattended (U.S. Department of Commerce, Bureau of the Census, 1996).

As full-time work among women has grown, so has the use of formal child care centers, but child care costs are a substantial barrier to employment for many women. Child care expenditures use up a large percentage of earnings, especially for lower-income mothers. For example, among single mothers with family incomes within 200 percent of the poverty level, the costs for those who paid for child care amount to 19 percent of the mother's earnings on average. Among married mothers at the same income level, child care costs amount to 30 percent of the mother's earnings on average (although the costs of child care are similar for both types of women, the individual earnings of married women with children are less on average than those of single women with children; IWPR, 1996).

As more low-income women are encouraged or required (through welfare reform) to enter the labor market, the growing need for affordable child care must be addressed. Child care subsidies for low-income mothers are essential to enable them to purchase good quality child care without sacrificing their families' economic well-being. Currently, subsidies exist in all states, but they are often inadequate; many poor women and families do not receive them. The Child Care and Development Fund (CCDF) is the primary federal funding source of child care subsidies for low-income families, although states also receive child care funding from the Social Services Block Grant (SSBG) and TANF. Each state qualifies to receive an amount of CCDF funds each year and can receive additional CCDF funds by spending state dollars for child care subsidies and quality initiatives.

Recent data show that, nationally, only 12 percent of those children potentially eligible for child care sub-



Table 5.8
Percent of Eligible Children Receiving CCDF* Subsidies in West Virginia
and the United States, 1999

	West Virginia	United States
Eligibility**		
Number of Children Eligible under Federal Provisions	52,700	14,749,500
Receipt		
Number and Percent of Children Eligible under Federal Law Receiving Subsidies in the State	13,310 25%	1,760,260 12%

* Child Care and Development Fund (CCDF).
** "Children eligible under federal provisions" refers to those children with parents working or in education or training who would be eligible for CCDF subsidies if state income eligibility limits were equal to the federal maximum. Many states set stricter limits, and therefore the pool of eligible children is often smaller under state provisions.
Source: U.S. Department of Health and Human Services, Administration for Children and Families, 2000a.
Compiled by the Institute for Women's Policy Research.

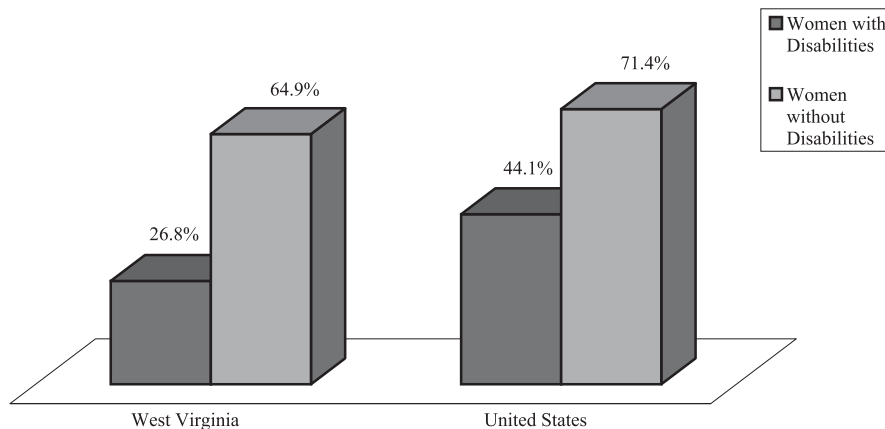
sidies under federal rules actually received subsidies under the federal government's Child Care and Development Fund in 1999. In West Virginia, more than double this proportion, or 25 percent, of eligible children received subsidies (see Table 5.8; the proportion of eligible children receiving CCDF subsidies does not include the child care monies that come from SSBG or TANF). Still, many West Virginia families in need of economic support for child care are not receiving it.

In addition to caring for children, many women are responsible for providing care for friends and relatives who experience long-term illness or disability. Although few data on caregiving exist, research suggests that about a quarter of all households in the United States are giving or have given care to a relative or friend in the past year. More than 70 percent of those giving care are female. Caregivers on average provide slightly less than 18 hours per week of care. Many report giving up time with other family members; foregoing vacations, hobbies, or other activities; and making adjustments to work hours or schedules for caregiving (National Alliance for Caregiving and AARP, 1997). Like mothers of young children, other types of caregivers experience shortages of time, money, and other resources. They, too, require policies designed to lessen the burden of long-term care. Nonetheless, few such policies exist, and this kind of caregiving remains an issue for state and national policymakers to address.

Labor Force Participation of Women with Disabilities

While the past few decades have seen a dramatic increase in women's labor force participation, especially among working mothers, the increase in labor force participation of women with disabilities has not been as large. The Americans with Disabilities Act (ADA) of 1990 guarantees individuals with disabilities equal opportunity in public accommodations, employment, transportation, state and local government services, and telecommunications. The ADA also provides civil rights protection to individuals with disabilities similar to the protections provided to individuals on the basis of race, sex, national origin, age, and religion. Despite the ADA, women with disabilities continue to encounter numerous forms of discrimination, such as architectural, transportation, and communication barriers; assumptions regarding incapacity and ability; exclusionary qualification standards and criteria; segregation; and relegation to lesser services, benefits, jobs, or other opportunities; and gender discrimination (Kaye, 1998; Robertson, 2000). In addition, disability benefit policies provide some financial disincentives for disabled persons to work. With earnings, they face not only the possible loss of cash benefits but also the potential loss of medical coverage from public insurance programs (Bryen and Moulton, 1998).

Figure 5.6
Labor Force Participation Rates of Women with and without Disabilities in West Virginia and the United States, 2000



For women in the civilian non-institutional population, aged 21 to 64.
 Source: U.S. Department of Commerce, Bureau of the Census, 2001c.
 Compiled by the Institute for Women's Policy Research.

Occupation and Industry

The distribution of women in West Virginia across occupations differs somewhat from the distribution in the United States. Nationally, technical, sales, and administrative support occupations provide 40.0 percent of all jobs held by women (see Figure 5.7a). At 43.5 percent, women in West Virginia are somewhat more likely to be in these occupations than women in

the United States as a whole. Women in West Virginia are also more likely to work in service occupations (20.8 percent versus 17.4 percent) but less likely to work as operators, fabricators, and laborers (6.1 percent versus 7.0 percent respectively). Even when women work in higher paid occupations, such as managerial positions, they earn substantially less than men. An IWPR (1995b) study shows that women managers are unlikely to be among top earners in managerial positions. If women had equal access to top-earning jobs, 10 percent of women managers would be among the top 10 percent of earners for all managers; however, only one percent of women managers have earnings in the top 10 percent. In fact, only six percent of women had earnings in the top fifth. Similarly, a Catalyst (2000) study showed that only 4.1 percent (just 93) of the highest earning high-level executives in Fortune 500 companies were women as of 2000.

The labor force participation of women with disabilities continues to lag considerably behind the labor force participation of women without disabilities. In 2000, 71.4 percent of women aged 21 through 64 without a disability in the United States were employed, compared with only 44.1 percent of women in the same age group with a disability (see Figure 5.6). In West Virginia, 64.9 percent of women aged 21 through 64 without a disability were employed, compared with only 26.8 percent of women with a disability, a much larger gap than nationally. Similarly, among men in West Virginia, 82.6 percent without a disability were employed, compared with just 36.5 percent with a disability. Nationally, 86.6 percent of men without a disability were employed, compared with 53.4 percent of men with a disability (data not shown; U.S. Department of Commerce, Bureau of the Census, 2001c). Thus, in West Virginia the employment gap for both women and men with disabilities is much larger than nationally (in addition, West Virginia has a much larger proportion of women with disabilities than does the nation as a whole, at 20.4 percent versus 13.9 percent; see Appendix I). Clearly, West Virginia, like the nation as a whole, could devote more attention to the disadvantaged employment status of women and men with disabilities.

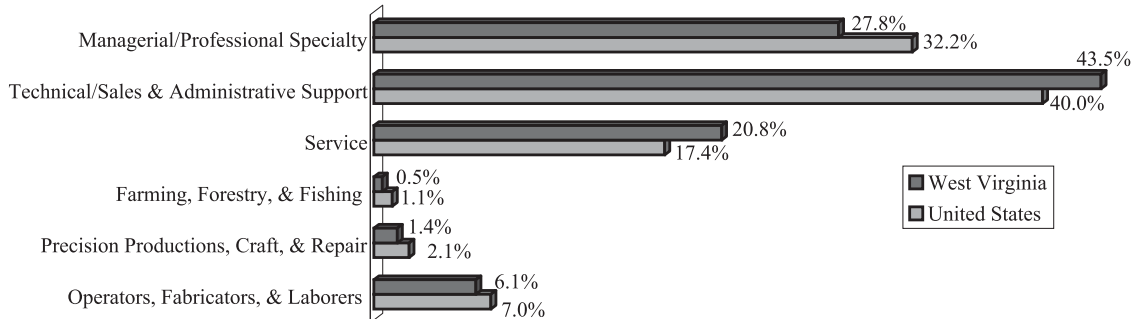
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The distribution of West Virginia women across industries differs in some ways from the distribution in the United States as a whole (see Figure 5.7b). In West Virginia, 34.6 percent of all women are employed in the service industries (including business, professional, and personnel services),



Figure 5.7a
Distribution of Women Across Occupations in West Virginia and the United States, 1999

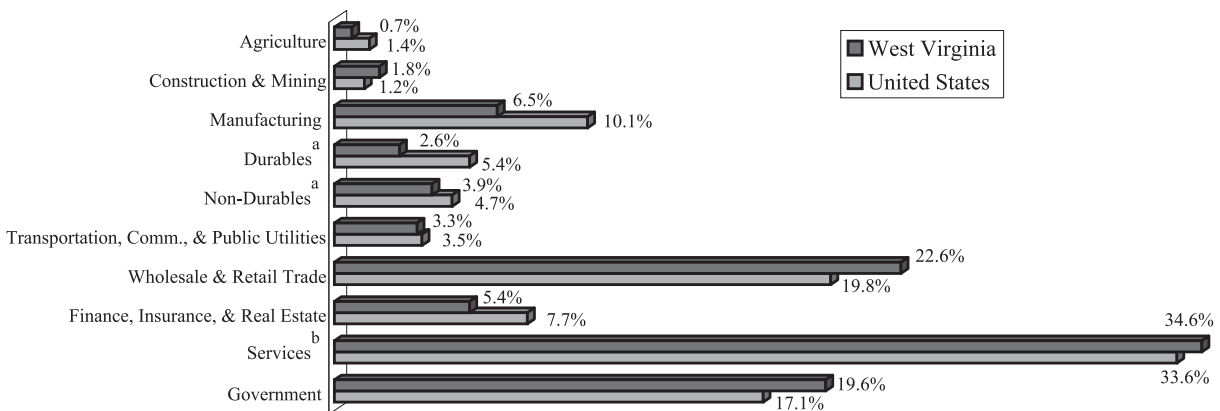


For employed women aged 16 and older.
 Source: U.S. Department of Labor, Bureau of Labor Statistics, 2001a, Table 15.
 Compiled by the Institute for Women's Policy Research.

compared with 33.6 percent nationwide. About 19.8 percent of employed women in the United States work in wholesale and retail trade industries, compared with 22.6 percent of women in West Virginia. About 17.1 percent of women workers nationwide are in government, while 19.6 percent of West Virginia women are. West Virginia women are also more likely to work in the con-

struction and mining industries than are women in the United States as a whole (1.8 percent versus 1.2 percent). West Virginia women are much less likely to work in the manufacturing (durables or nondurables) industries (6.5 percent versus 10.1 percent) and somewhat less likely to work in finance, insurance, and real estate (5.4 percent versus 7.7 percent).

Figure 5.7b
Distribution of Women Across Industries in West Virginia and the United States, 1999



For employed women aged 16 and older.
 Percents do not add up to 100 percent because 'self-employed' and 'unpaid family workers' are excluded. ^a Durables and non-durables are included in manufacturing. ^b Private household workers are included in services.
 Source: U.S. Department of Labor, Bureau of Labor Statistics, 2001a, Table 17.
 Compiled by the Institute for Women's Policy Research.

6. Social and Economic Autonomy



While labor force participation and earnings are critical to women’s financial security, many additional issues affect their ability to act independently, exercise choice, and control their lives. The Beijing Declaration and Platform for Action stresses the importance of adopting policies and strategies that ensure women equal access to education and health care, provide women access to business networks and services, and address the needs of women in poverty. This section highlights several topics important to women’s social and economic autonomy: health insurance coverage, educational attainment, business ownership, and poverty.

Each of these issues affects women’s lives in distinct yet interrelated ways. Access to health insurance plays a role in determining the overall quality of health care for women and governs the extent of choice women have in selecting health care services. Educational attainment relates to social and economic autonomy in many ways: through labor force participation, hours of work and earnings, occupational prestige, civic participation, childbearing

decisions, and career advancement. Women who own businesses control many aspects of their working lives and participate in their communities in many ways. Finally, women in poverty have limited choices. If they receive public income support, they must comply with legislative and administrative regulations enforced by their caseworkers. They do not have the economic means to travel freely, and their participation in society is limited in many ways. In addition, they often do not have access to the education and training necessary to improve their economic situations.

West Virginia ranks near the bottom (48th) of all states on the composite index of women’s social and economic autonomy. Women in the state have particularly low levels of educational attainment, ranking last in the country (see Chart 6.1). West Virginia also ranks near the bottom of the states for the percent of women with health insurance (at 42nd) and the percent of women living above the poverty line (47th). In contrast, the state ranks in the top third for women’s business ownership (at twelfth).

Chart 6.1
Social and Economic Autonomy: National and Regional Ranks

Indicators	National Rank* (of 51)	Regional Rank* (of 9)	Grade
Composite Social and Economic Autonomy Index	48	9	F
Percent with Health Insurance (among nonelderly women, 2000) ^a	42	8	
Educational Attainment (percent of women aged 25 and older with four or more years of college, 1990) ^b	51	9	
Women’s Business Ownership (percent of all firms owned by women, 1997) ^c	12	4	
Percent of Women Above Poverty (percent of women living above the poverty threshold, 1999) ^d	47	8	

See Appendix II for methodology.

* The national rankings are of a possible 51, including the 50 states and the District of Columbia. The regional rankings are of a maximum of nine and refer to the states in the South Atlantic region (DC, DE, FL, GA, MD, NC, SC, VA, and WV).

Source: ^a Employee Benefit Research Institute, 2001; ^b Population Reference Bureau, 1993; ^c U.S. Department of Commerce, Bureau of the Census, 2001f; ^d IWPR, 2001b.

Calculated by the Institute for Women’s Policy Research.

West Virginia also ranks low in the South Atlantic region on most measures of social and economic autonomy and last overall on this index. The state is last for women’s educational attainment and eighth of nine for both the percent of women with health insurance and the percent of women above poverty. West Virginia does rank fourth in the region, however, for women’s business ownership.

Throughout the country, women have less access than men to most of the resources measured by the social and economic autonomy composite index. Nationally, men are more likely to have a college education, own a business, and live above the poverty line than women are. Women generally have health insurance at higher rates than men, largely because of public insurance programs for the poor such as Medicaid, but rates of both men and women without health insurance are high in the United States. Trends in West Virginia conform to these basic patterns. Moreover, women in West Virginia have even fewer resources than women in other states. As a result, the state receives a grade of F on the social and economic autonomy composite index.

Access to Health Insurance

Women in West Virginia are less likely than women in the nation as a whole to have health insurance. In

West Virginia, 18.7 percent of women, compared with 16.6 percent of women in the United States, are not insured (see Table 6.1). West Virginia ranks 42nd in the nation and eighth in the South Atlantic region for the proportion of insured women.

On average, women and men in West Virginia have less access to employer-based health insurance than women and men in the United States (64.2 percent and 68.7 percent, respectively, for women; 65.9 percent and 69.6 percent, respectively, for men). In the United States, men are generally more likely than women to receive health insurance from their own employment, and women are more likely than men to receive employment-based health insurance through their spouses’ insurance. West Virginia follows this national trend. In West Virginia, only 32.2 percent of women receive employer-based health insurance coverage in their own name, versus 41.9 percent for the nation as a whole. In contrast, many more women in West Virginia receive health insurance as dependents than do women in the United States as a whole (32.0 percent and 26.8 percent, respectively).

In the United States, because women of all ages are more likely than men to have very low incomes, they tend to have higher rates of health insurance coverage from public sources, such as Medicaid. This is also the case in West Virginia, although the

Table 6.1
Percent of Women and Men without Health Insurance and with Different Sources of Health Insurance in West Virginia and the United States, 2000

	West Virginia		United States	
	Women	Men	Women	Men
Number	589,000	543,000	86,993,000	83,215,000
Percent Uninsured	18.7	19.6	16.6	18.8
Percent with Employer-Based Health Insurance	64.2	65.9	68.7	69.6
Own Name	32.2	55.8	41.9	56.4
Dependent	32.0	10.1	26.8	13.2
Percent with Public Insurance	17.4	15.0	11.9	8.5
Percent with Individually-Purchased Insurance	4.9	4.9	6.5	6.1

Women and men aged 18 to 64; total percentages exceed 100 because some people have more than one source of health insurance.

Source: Employee Benefit Research Institute, 2001.

Compiled by the Institute for Women’s Policy Research.

gap between men's and women's coverage is smaller than in the nation as a whole. In West Virginia, the rate of publicly insured women is substantially higher than the U.S. rate (17.4 percent versus 11.9 percent). Men's rate is also considerably higher than the national rate (15.0 percent versus 8.5 percent). West Virginia's higher rates of publicly insured women and men are probably due partially to the state's high poverty rates and percentage of women and men with disabilities, both of which increase women's and men's eligibility for public coverage.

Education

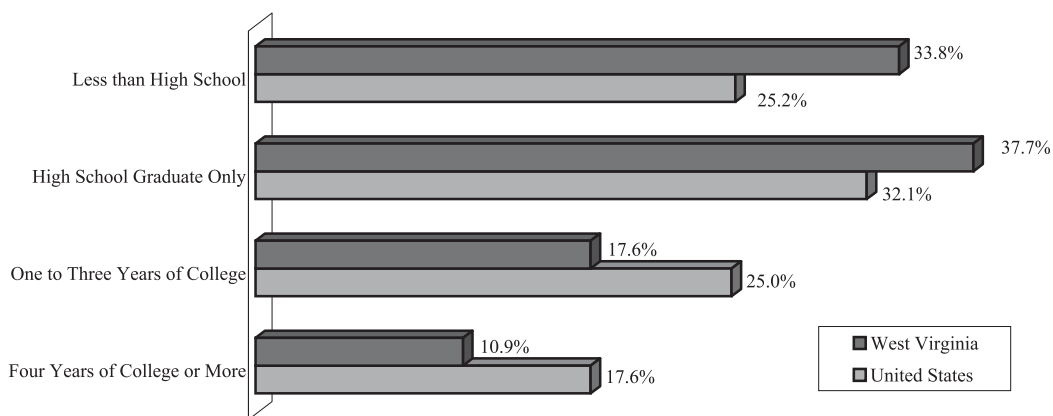
In the United States, women have made steady progress in increasing their levels of education. Between 1980 and 2000, the percent of women aged 25 and older in the United States with a high school education or more increased by about one-fifth. As of 2000, comparable percentages of women and men had completed a high school education (83.4 percent of women and 82.8 percent of men).

During the same period, the percent of women aged 25 and older with four or more years of college increased by about three-fifths, from 13.6 per-

cent in 1980 to 21.8 percent in 2000 (compared with 24.8 percent of men in 2000), bringing women closer to closing the education gap (data not shown; U.S. Department of Commerce, Bureau of the Census, 2000a). Since 1982, a higher proportion of college graduates have been women than men, but among all those aged 25 and older, male college graduates still outnumber female college graduates.

Regional differences in education are conspicuous. The South and much of the Midwest have lower levels of educational attainment than other areas of the country. This is true for West Virginia, which ranked last for the proportion of the female population aged 25 and older with four or more years of college. In 1990, only 10.9 percent of women in West Virginia had completed a four-year college education, compared with 17.6 percent of women in the United States (see Figure 6.1). The proportion of women older than 25 in West Virginia without high school diplomas was substantially larger than that of women in the United States as a whole (33.8 percent and 25.2 percent, respectively). The proportion of women with only a high school education in West Virginia was 37.7 percent, 5.6 percentage points higher than the national average (see also West Virginia Women and Education).

Figure 6.1
Educational Attainment of Women Aged 25 and Older in West Virginia and the United States, 1990



Source: Population Reference Bureau, 1993.
 Compiled by the Institute for Women's Policy Research.

West Virginia Women and Education

West Virginia ranks last of all the states for women's educational attainment (see Chart 6.1). Only 10.9 percent of women aged 25 and older in West Virginia have a college degree, compared with 17.6 percent for the United States as a whole (see Figure 6.1). To increase the proportion of women in college, it is crucial to increase the number of girls who think they should go to college. Several programs in the state encourage girls to pursue their educations—even starting in middle school—to prepare girls for college. Expanding Your Horizons, a program run by the West Virginia Chapter of the Association of Women in Science, focuses on introducing girls to careers in science. The Health Sciences Technology Academy, based at West Virginia University (WVU), prepares girls and boys for careers in health sciences.

Institutions of higher education are also making efforts to reach non-traditional women students through various programs. The WVU Regents Bachelor of Arts degree, for example, provides opportunities for credit for life experience and through extended learning classes that can be web- or satellite-based, as well as through off-campus courses around the state directed at students who cannot attend courses on campus.

Barriers to Higher Education for West Virginia Women

Many barriers face both non-traditional and traditional women students:

- ◆ The lack of child care at campuses is a crucial problem, since only a few colleges and universities, including West Virginia State College, WVU-Parkersburg, and Fairmont State College, provide on-site child care for students.
- ◆ Lack of public transportation is also a barrier, although Monongalia County's Mountain Line bus system instituted free transport for WVU students, faculty, and staff in the summer of 2001 (Hostutler, 2002).
- ◆ The increasing costs of higher education are also a barrier to many women, and especially low-income women.

Promising Practices

West Virginia has several important scholarship programs that can benefit girls and women who wish to continue their education beyond high school:

- ◆ The Educational Talent Search Project offers educational information to disadvantaged, first generation potential college students at the junior high and secondary level and eligible adults (West Virginia Higher Education Policy Commission, 2002).
- ◆ The West Virginia Engineering, Science, and Technology Scholarship Program provides financial support to academically talented individuals to pursue a degree or certificate in engineering, science, or technology and to commit to the pursuit of a career in West Virginia (West Virginia Higher Education Policy Commission, 2002).
- ◆ The Higher Education Adult Part-Time Student (HEAPS) Grant Program provides financial support for low-income West Virginia students who have been out of high school for at least two years to continue post-secondary education on a part-time basis (West Virginia Higher Education Policy Commission, 2002).

(continued on next page)

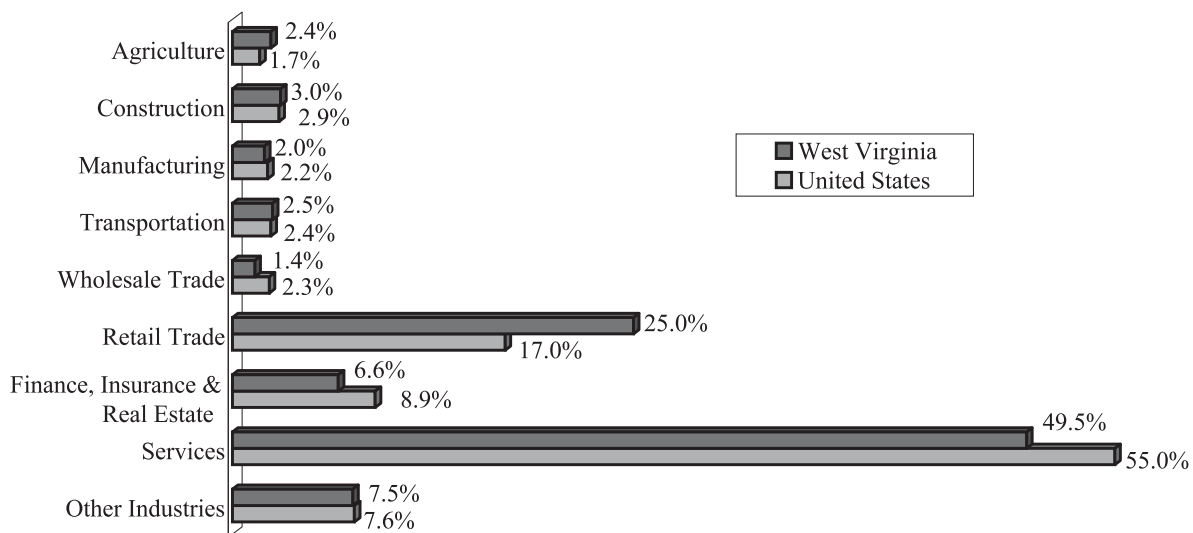
- ◆ The Medical Student Loan Program provides loans to academically qualified low-income medical students at the Marshall University School of Medicine, the West Virginia School of Osteopathic Medicine, or the WVU School of Medicine (West Virginia Higher Education Policy Commission, 2002).
- ◆ The Robert C. Byrd Honors Scholarship Program provides \$1,500 merit-based scholarships to 36 incoming college students from each of West Virginia's congressional districts (West Virginia Higher Education Policy Commission, 2002).
- ◆ The Underwood-Smith Teacher Scholarship Program provides scholarships to students who agree to teach at the public pre-school, elementary, middle, or secondary school level in West Virginia (West Virginia Higher Education Policy Commission, 2002).
- ◆ The West Virginia Higher Education Grant Program supports qualified undergraduate students who require financial assistance to attend an approved educational institution in West Virginia or Pennsylvania (West Virginia Higher Education Policy Commission, 2002).
- ◆ The West Virginia PROMISE (Providing Real Opportunities for Maximizing In-State Student Excellence) Scholarship Program offers every West Virginia high school graduate (with a 3.0 grade point average and a composite ACT score of at least 21 or a combined SAT score of 1000) a full tuition scholarship to a state college or university or an equivalent dollar scholarship to an in-state private college (PROMISE Scholarship Program, 2002).
- ◆ The SMART529™ program provides tax advantages for money saved for expenses for higher education (SMART529™, 2002).
- ◆ Many colleges also offer need- or merit-based scholarships specifically for women. For instance, the WVU Center for Women's Studies sponsors the Carrie Koeturius Scholarship for Returning Women Students (West Virginia University Center for Women's Studies, 2000).
- ◆ To encourage women to go to college, the West Virginia Women's Studies Network sponsored the first Take Our Moms to Class Day at Marshall University, WVU-Morgantown, and WVU-Parkersburg on March 12, 2002, providing a "one-stop" shop for adult women interested in pursuing further education.

Women Business Owners and Self-Employment

Owning a business can bring women increased control over their working lives and create important financial and social opportunities for them. It can encompass a wide range of arrangements, from owning a corporation, to consulting, to engaging in less lucrative activities such as providing child care in one's own home. Overall, both the number and proportion of businesses owned by women have been growing.

Women owned more than 5.4 million firms nationwide in 1997, employing just under 7.1 million persons and generating \$878.3 billion in business revenues (U.S. Department of Commerce, Bureau of the Census, 2001f). By 1997, women owned 30,231 or 27.1 percent of firms in West Virginia and employed 33,724 people (see Table 6.2). Women-owned businesses in West Virginia generated \$3.5 billion in total sales and receipts (in 2000 dollars). West Virginia ranks twelfth in the country and fourth in the region for the proportion of businesses owned by women.

Figure 6.2
Distribution of Women-Owned Firms Across Industries in West Virginia and the United States, 1997



Source: U.S. Department of Commerce, Bureau of the Census, 2001f.
 Compiled by the Institute for Women's Policy Research.

In West Virginia, 49.5 percent of women-owned firms were in the service industries in 1997. The next highest proportion (25.0 percent) was in retail trade (see Figure 6.2). This overall distribution is similar to national patterns, although women business owners in West Virginia are much more concentrated in retail trade (25.0 percent and 17.0 percent, respectively) and less concentrated in services

(49.5 percent and 55.0 percent, respectively) than are women business owners nationally.

Like women's business ownership, self-employment for women (one kind of business ownership) has also been increasing over recent decades. In 1975, women represented one in every four self-employed workers in the United States, and in 1998 they were

Table 6.2
Women-Owned Firms in West Virginia and the United States, 1997

	West Virginia	United States
Number of Women-Owned Firms	30,231	5,417,034
Percent of All Firms that Are Women-Owned	27.1%	26.0%
Total Sales and Receipts (in billions, 2000 dollars)	\$3.5	\$878.3
Number Employed by Women-Owned Firms	33,724	7,076,081

Source: U.S. Department of Commerce, Bureau of the Census, 2001f.
 Compiled by the Institute for Women's Policy Research.

approximately two of every five (U.S. Small Business Administration, 1999). The decision to become self-employed is influenced by many factors. An IWPR study shows that self-employed women tend to be older and married, have no young children, and have higher levels of education than average. They are also more likely to be covered by another person's health insurance (Spalter-Roth, Hartmann, and Shaw, 1993). Self-employed women are more likely to work part-time, with 42 percent of married self-employed women and 34 percent of nonmarried self-employed women working part-time (Devine, 1994).

Unfortunately, most self-employment is not especially well-paying for women, and about half of self-employed women combine this work with another job, either a wage or salaried job or a second type of self-employment (for example, child care and catering). In 1986-87 in the United States, women who worked full-time, year-round at only one type of self-employment had the lowest median hourly earnings of all full-time, year-round workers (\$5.63); those with two or more types of self-employment with full-time schedules earned somewhat more (\$6.68 per hour). In contrast, those who held only one full-time, year-round wage or salaried job earned the most (\$12.24 per hour at the median; all figures in 2000 dollars). Those who combined wage and salaried work with self-employment had median earnings that ranged between these extremes. Many low-income women package earnings from many sources, including self-employment, in an effort to raise their family incomes (Spalter-Roth, Hartmann, and Shaw, 1993).

Some self-employed workers are independent contractors, a form of work that can be largely contingent, involving temporary or on-call work without job security, benefits, or opportunity for advancement. Even when working primarily for one client, independent contractors may be denied the fringe benefits (such as health insurance and employer-paid pension contributions) offered to wage and salaried workers employed by the same client firm. The typical self-employed woman who works full-time, year-round at just one type of self-employment has health insurance an

average of only 1.7 months out of twelve, while full-time wage and salaried women average 9.6 months of health insurance coverage (those who lack health insurance entirely are also included in the averages; Spalter-Roth, Hartmann, and Shaw, 1993).

Overall, however, recent research finds that the rising earnings potential of women in self-employment compared with wage and salary work explains most of the upward trend in the self-employment of married women between 1970 and 1990. This suggests that the growing movement of women into self-employment represents an expansion in their opportunities (Lombard, 1996). Women in West Virginia are less likely to be self-employed than women in the United States. In 1999, 5.5 percent of employed women in West Virginia were self-employed, compared with 6.1 percent of women nationwide (data not shown; U.S. Department of Labor, Bureau of Labor Statistics, 2001b).

Women's Economic Security and Poverty

As women's responsibility for their families' economic well-being grows, the continuing wage gap and women's prevalence in low-paid, female-dominated occupations impede their ability to ensure their families' financial security, particularly for single mothers. In the United States, median family income for single-mother households was \$20,400 in 1999,

Table 6.3
Number and Percent of Persons in Families with Incomes Less Than a Minimum Family Budget Level* in West Virginia and the United States, 1998

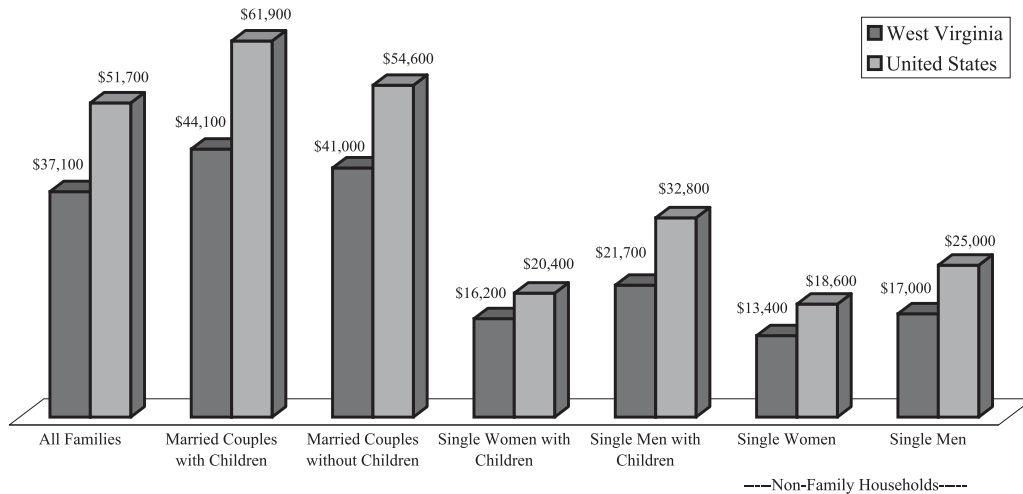
	West Virginia	United States
Number of Persons	68,000	14,154,000
Percent of Persons	37.1%	27.6%

* The Minimum Family Budget Level calculates the amount a family would need to earn to afford housing, food, child care, health insurance, transportation, and utilities. Families consist of one or two parents and one to three children under the age of twelve.

Source: Boushey et al., 2001.

Compiled by the Institute for Women's Policy Research.

Figure 6.3
Median Annual Income for Selected Family Types and Single Women and Men in West Virginia and the United States, 1999 (2000 dollars)



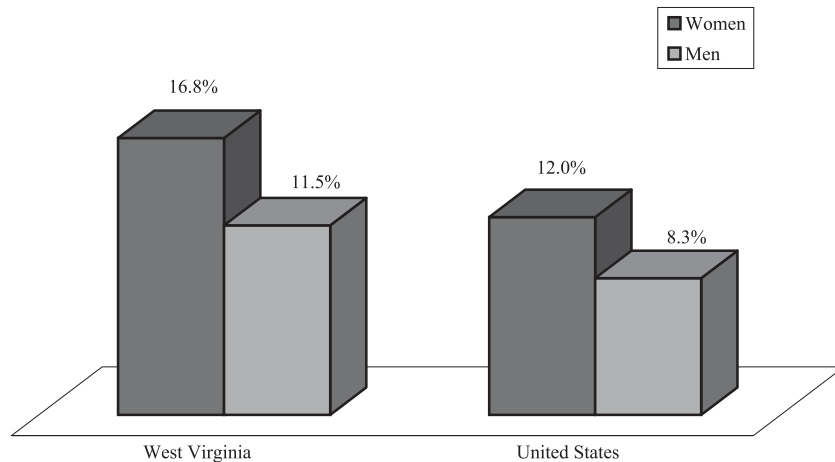
Data for single men with children were not available due to small sample size.
 Source: IWPR, 2001b.
 Calculated by the Institute for Women's Policy Research.

while that for married couples with children was \$61,900 (see Figure 6.3). Figure 6.3 also shows that household income was much lower on average for all family types and for single women and men in West Virginia than in the United States as a whole.

Virginia and 8.3 percent in the United States as a whole. Women's poverty rates vary by race and ethnicity. Nationally in 1999, 23.5 percent of African American women, 22.8 percent of Native American

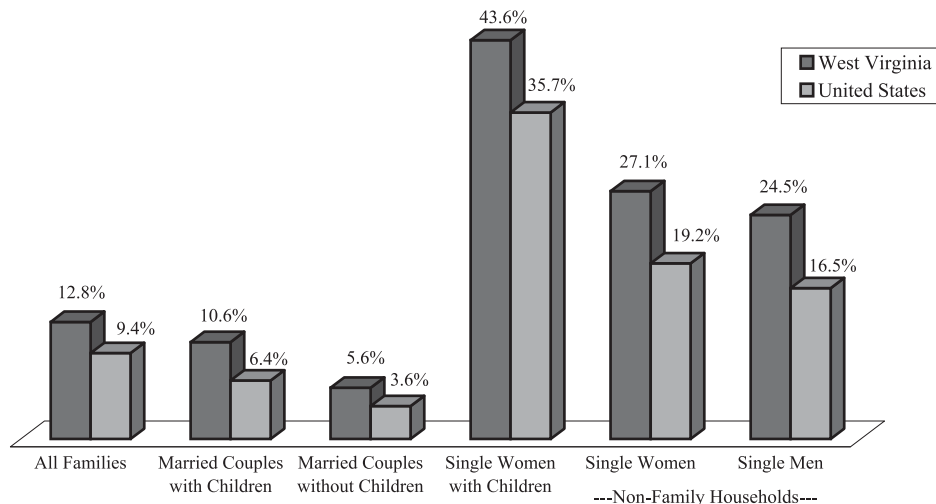
In 1999, the proportion of women aged 16 and older in poverty in West Virginia was substantially larger than in the United States as a whole—16.8 percent and 12.0 percent, respectively (see Figure 6.4). West Virginia ranks 47th in the nation and last in its region (tied with the District of Columbia) for women living above the poverty level. Maryland has the least poverty in the region, with only 8.7 percent of women living in poverty. Among men, poverty rates in 1999 were 11.5 percent in West

Figure 6.4
Percent of Women and Men Living in Poverty in West Virginia and the United States, 1999



Source: IWPR, 2001b.
 Calculated by the Institute for Women's Policy Research.

Figure 6.5
Poverty Rates for Selected Family Types and Single Women and Men
in West Virginia and the United States, 1999



Data for single men with children were not available due to small sample size.
 Source: IWPR, 2001b.

Calculated by the Institute for Women's Policy Research.

women, and 22.4 percent of Hispanic women aged 16 and older were living below the poverty level, compared with only 8.5 percent of white women and 10.9 percent of Asian American women (data not shown; IWPR, 2001b). Data on poverty levels by race and ethnicity were not available for West Virginia due to small sample sizes.

As Figure 6.5 shows, poverty rates among all families combined and for all family types were substantially higher in West Virginia than in the nation as a whole.

Although the poverty line is the federal standard of hardship in the United States, some researchers have begun to use basic family budgets as a more realistic measure of hardship. When the federal poverty line was created, it sought to measure the minimum amount of income needed for survival by calculating minimum food expenses and multiplying them by three (Fisher, 1992). In contrast, the basic family budget method sets a higher standard by measuring how much income is required for a safe and decent standard of living. It also calculates the cost of every

major budget item a family needs—including housing, child care, health care, transportation, food, and taxes—based on family composition and where the family resides (Boushey, et al., 2001). It can be tailored specifically to a particular family type and to a specific region, state, or city. Thus, the family budget measure is more sensitive to variations in cost or standard of living than the federal poverty line, which is the same for all states. Over two and a half times as many people live below the basic family budget level as below the official poverty level in the United States.

Table 6.3 shows the proportion of people in families living below a minimum family budget level in West Virginia and the United States. Nationally, the proportion of people in these families (consisting of one or two parents and one to three children under the age of twelve) was 27.6 percent in 1999, much higher than the proportion living below the federal poverty line (10.1 percent). In West Virginia, 37.1 percent of people had incomes below a basic family budget level, a much higher proportion than in the United States as a whole.

Because West Virginia's poverty rates and rates of people living below minimum budget levels were both much higher than in the United States as a whole, they are probably not primarily the result of low incomes related to a low cost of living. Instead, rates of real hardship are, in fact, relatively high in the state.

Along with West Virginia's higher overall rate of family poverty, the poverty rate for single women with children is considerably higher than the nationwide rate (43.6 percent and 35.7 percent, respectively). In West Virginia and in the nation as a whole, single women with children experience much higher levels of poverty than any other family type (see Figure 6.5).

Even these high rates of poverty probably understate the degree of hardship among these families, especially among working mothers. While counting noncash benefits would reduce their poverty rates, adding the cost of child care for working mothers would increase the calculated poverty rates in West Virginia and the nation (Renwick and Bergmann, 1993). Child care costs were not included at all in family expenditures when federal poverty thresholds were developed.

For the country as a whole, single parents who do not work have basic cash needs at about 64 percent of the poverty line, while those who work have basic cash needs ranging from 113 to 186 percent of the poverty line, depending on the number and ages of their children. Overall, the net effect of this under- and over-estimation of poverty was a considerable underestimation. Renwick and Bergmann estimate a 1989 national poverty rate of 47 percent, compared with an official estimate of 39 percent,

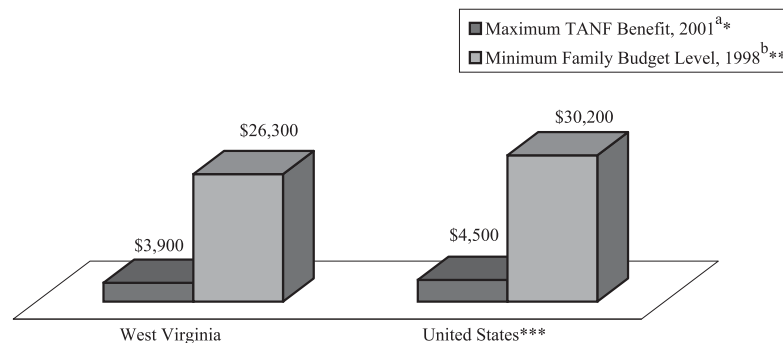
for single-parent families (Renwick and Bergmann, 1993). Poverty rates for low-income, married-couple families would also be much higher if child care costs were included (Renwick, 1993).

Another factor contributing to poverty among all types of households is the wage gap. IWPR research has found that in the nation as a whole, eliminating the wage gap, and thus raising women's wages to a level equal to those of men with similar qualifications, would cut the poverty rate among working married women and single mothers approximately in half. In West Virginia, poverty among working single-mother households would have dropped by more than half, from 34.1 percent to 16.3 percent, in 1997 (Hartmann, Allen, and Owens, 1999). While eliminating the wage gap would not completely eliminate poverty or hardship—since there would still be many low-wage jobs—implementing pay equity would help many women support their families.

State Safety Nets for Economic Security

State and national safety nets, such as TANF and unemployment insurance, can be crucial in assisting

Figure 6.6
Maximum Annual TANF Benefits and Minimum Family Budget Levels in West Virginia and the United States



* TANF benefits are for a family of three with two children.

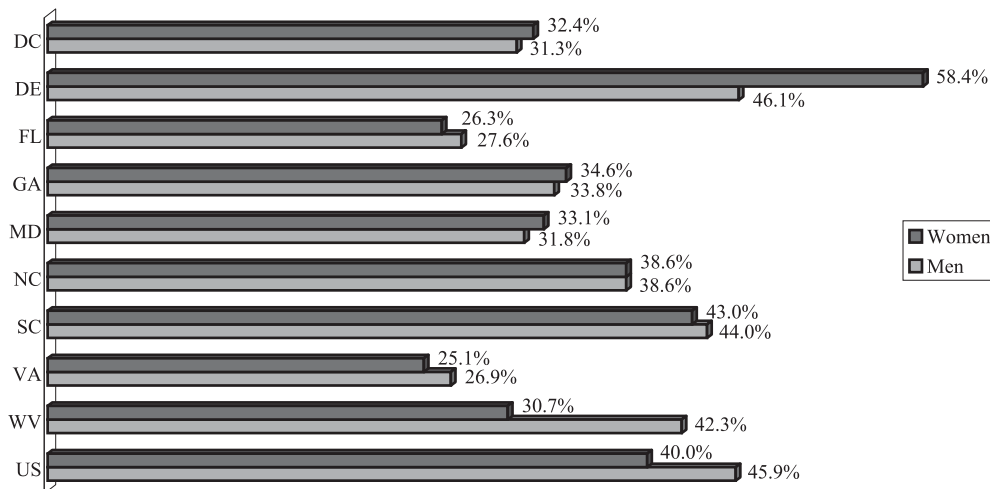
** The Minimum Family Budget Level calculates the amount a family (consisting of one parent and two children under the age of twelve) would need to earn to afford housing, food, child care, health insurance, transportation, and utilities (in 2000 dollars).

*** United States figures are medians among all 50 states and the District of Columbia.

Source: ^a Welfare Information Network, et al., 2001; ^b Boushey, et al., 2001.

Compiled by the Institute for Women's Policy Research.

Figure 6.7
Percent of Unemployed Women and Men with Unemployment Insurance
in the South Atlantic States and the United States, 2001



Source: Emsellem, et al., 2002.

Compiled by the Institute for Women's Policy Research.

women and families who lack economic security. The amount of cash welfare benefits varies widely from state to state. Figure 6.6 compares West Virginia's maximum annual welfare benefit with the basic family budget level in the state, as a measure of how well the state's welfare safety net helps poor women achieve an acceptable standard of living. The poverty of many families is not alleviated by welfare alone; many families also receive food stamps or other forms of noncash benefits. Still, research shows that, even when adding the value of noncash benefits, many women and their families remain poor (U.S. Department of Commerce, Bureau of the Census, 1997). In West Virginia, as in all of the United States, TANF benefits are substantially below basic family budget levels. In addition, the state's benefits are lower than the U.S. average. Because West Virginia's basic family budget level is also lower than that in the United States as a whole, the maximum TANF benefit in the state is 14.8 percent of the basic family budget in the state, compared with 14.9 percent nationally.

West Virginia does a worse than average job of providing a safety net for unemployed women. The

unemployment rate for women in West Virginia (4.9 percent) was higher than the national average of 4.1 percent in 2000 (see Figure 5.5), but the percent of unemployed women receiving unemployment insurance benefits was much lower than in the United States (see Figure 6.7). The same is true for unemployed men in West Virginia—the percent of unemployed men was higher and the rate of unemployment insurance benefit receipt for men was lower in West Virginia than nationwide, although the disparity between state and national rates is much larger for women than for men. A much lower proportion of unemployed women than men in West Virginia receive unemployment benefits. In most states, unemployment insurance benefit receipt is much higher for men than for women. In four states in the South Atlantic region (Delaware, Georgia, Maryland, and the District of Columbia), higher proportions of unemployed women than men receive benefits.

Poverty and Age

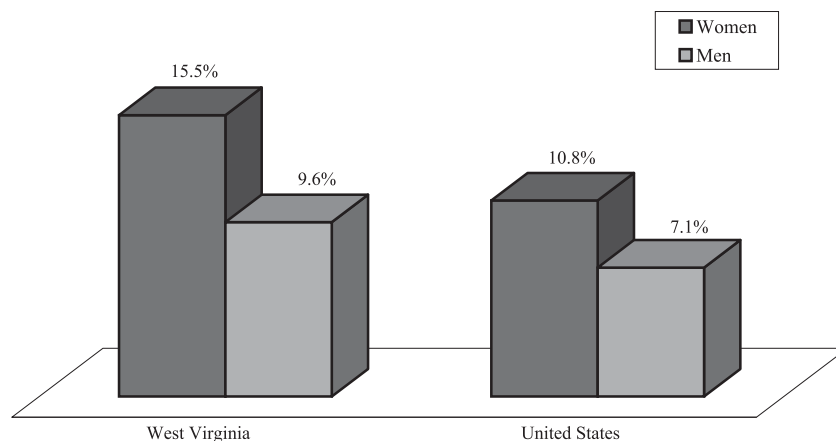
Despite the increase in women's participation in the paid labor force over the past three decades, a variety of factors, such as the persistence of the wage gap, dif-

ferences in women's and men's family responsibilities, and the rise in divorce and single motherhood, has left many women economically disadvantaged in their old age and is expected to continue to do so (National Council of Women's Organizations, Task Force on Women and Social Security, 1999). In 1999, 10.8 percent of women aged 50 and older in the United States were living in poverty, compared with 7.1 percent of men aged 50 and older (see Figure 6.8). In West Virginia even higher percentages—15.5 percent of women and 9.6 percent of men aged 50 and older—were living in poverty.

Among those who receive Social Security benefits, median annual benefits for both women and men aged 50 and older in West Virginia are about the same as they are nationally (\$7,400 and \$7,500, respectively, for women and \$11,000 and \$10,900, respectively, for men; see Figure 6.9).

Social Security is the core of our nation's social insurance program for the elderly. For most people, it is the only income source that is adjusted fully for inflation and is not out-lived. Typically, women are more dependent on Social Security because they earn less, have fewer pension plan resources, and live longer than men. Indeed, without Social Security, more than half of all women aged 65 or older would be poor. Social Security has helped reduce national poverty

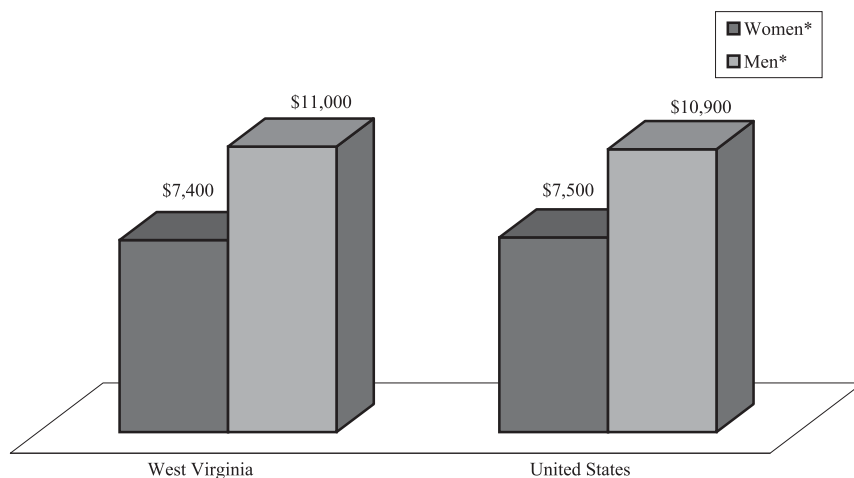
Figure 6.8
Percent of Women and Men Aged 50 and Older Living in Poverty in West Virginia and the United States, 1999



Source: IWPR, 2001a.
 Calculated by the Institute for Women's Policy Research.

rates among the elderly from 35 percent in 1959 to less than 11 percent in 1999. For 25 percent of unmarried elderly women (widowed, divorced, separated, or never married), Social Security is their only source of income (National Council of Women's Organizations,

Figure 6.9
Median Annual Social Security Benefits Among Women and Men Aged 50 and Older in West Virginia and the United States, 1999



*Among those receiving benefits.
 Source: IWPR, 2001a.
 Calculated by the Institute for Women's Policy Research.



7. Reproductive Rights



Issues pertaining to reproductive rights and health can be controversial. Nonetheless, 189 countries, including the United States, adopted by consensus the Platform for Action from the U.N. Fourth Conference on Women (1995). This document stresses that reproductive health includes the ability to have a safe, satisfying sex life; to reproduce; and to decide if, when, and how often to do so. The document also stresses that adolescent girls in particular need information and access to relevant services. Because reproductive issues are so important to women’s lives, this section provides information on state policies concerning abortion, contraception, gay and lesbian adoption, infertility, and sex education. It also presents data on fertility and natality, including births to unmarried and teenage mothers.

In the United States, the 1973 Supreme Court case *Roe v. Wade* defined reproductive rights for federal law to include both the legal right to abortion and the ability to exercise that right at different stages of pregnancy. State legislative and executive bodies are nonetheless continually battling over legislation relating to access to abortion, including parental consent and notification, mandatory waiting periods, and public funding for abortion. The availability of providers also affects women’s ability to access abortion. Because of ongoing efforts at the

state and national levels to win judicial or legislative changes that would outlaw or restrict women’s access to abortion, the stances of governors and state legislative bodies are critically important.

Reproductive issues encompass other policies as well. Laws requiring health insurers to cover contraception and infertility treatments allow insured women to exercise choice in deciding when, and if, to have children. Policies allowing gay and lesbian couples to adopt their partners’ children give them a fundamental family planning choice. Sex education for high school students can provide them with the information they need to make educated choices about sexual activity.

The reproductive rights composite index shows that West Virginia, which ranks sixth in its region and 21st in the nation, has somewhat above average protections for women’s reproductive rights compared with other states (see Chart 7.1, Panels A and B). Although West Virginia receives its highest ranking in reproductive rights, like most states it could adopt several policies that would better protect women’s rights and resources in this area. West Virginia’s grade of B- on the reproductive rights index reflects a continuing gap between the ideal status of women’s reproductive rights and resources and their actual status within the state.

Chart 7.1 Panel A
Reproductive Rights: National and Regional Ranks

	National Rank* (of 51)	Regional Rank* (of 9)	Grade
Composite Reproductive Rights Index	21	6	B-

See Appendix II for methodology.

* The national ranking is of a possible 51, including the 50 states and the District of Columbia. The regional ranking is of a maximum of nine and refers to the states in the South Atlantic region (DC, DE, FL, GA, MD, NC, SC, VA, and WV).

Calculated by the Institute for Women’s Policy Research.

Chart 7.1 Panel B
Components of the Reproductive Rights Composite Index

	Yes	No	Other Information	Total Number of States with Policy (of 51) or U.S. Average
Does West Virginia allow access to abortion services:				
Without mandatory parental consent or notification? ^a		✓		8
Without a waiting period? ^a	✓			29
Does West Virginia provide public funding for abortions under any or most circumstances if a woman is eligible?^a	✓			16
What percent of West Virginia women live in counties with an abortion provider?^b			16%	68%
Is West Virginia's state government pro-choice?^c				
Governor	✓			17
Senate		✓		11
House of Representatives		✓		8
Does West Virginia require health insurers to provide comprehensive coverage for contraceptives?^d		✓		19
Does West Virginia require health insurers to provide coverage for infertility treatments?^e	✓			11
Does West Virginia allow the non-legal parent in a gay/lesbian couple to adopt his/her partner's child?^{f**}			No case has been tried	25
Does West Virginia require schools to provide sex education?^{g***}	✓			23

* West Virginia requires that at least one method of contraception be covered for all state employees.
 ** Most states that allow such adoptions do so as a result of court decisions. No cases have been tried on this issue in West Virginia.
 *** West Virginia requires that both abstinence and contraception be taught.
 Source: ^a NARAL and NARAL Foundation, 2002; ^b Henshaw, 1998; ^c NARAL and NARAL Foundation, 2001; ^d Alan Guttmacher Institute, 2002a; ^e Plaza, 2001a; ^f National Center for Lesbian Rights, 2001; ^g Alan Guttmacher Institute, 2002b.
 Compiled by the Institute for Women's Policy Research.

Access to Abortion

Mandatory consent laws require minors to gain the consent of one or both parents before a physician can perform an abortion procedure, while notification laws require that they notify one or both parents of the decision to have an abortion. Of the 43 states with consent or notification laws on the books as of December 2001, 33 enforce their laws. Of these 33 states, 15 enforce notification laws and 18 enforce consent laws. In states with notification or consent laws, 38 allow for a judicial bypass if the minor appears before a judge and provides a reason that parental notification would place an undue burden on

the decision to have an abortion. Two states provide for physician bypass, and two allow for both judicial and physician bypass. Utah is the only state to have no bypass procedure. As of December 2001, West Virginia still enforces its mandatory notification law (requiring notification of one parent) but allows for a judicial or physician bypass (see Chart 7.1, Panel B).

Waiting period legislation mandates that a physician cannot perform an abortion until a certain number of hours after the patient is notified of her options in dealing with a pregnancy. Waiting periods range from one to 72 hours. West Virginia is one of 29 states without a waiting period as of December 2001.

Public funding for women who qualify can be instrumental in reducing the financial obstacles to abortion for low-income women. In some states, public funding for abortions is available only under specific circumstances, such as rape or incest, life endangerment to the woman, or limited health circumstances of the fetus. Sixteen states, including West Virginia, fund abortions for financially eligible women in all or most circumstances. Twenty-eight states do not provide public funding for abortions under any circumstances other than those required by the federal Medicaid law, which are when the pregnancy results from reported rape or incest or threatens the life of the woman.

The percent of women in West Virginia living in counties with abortion providers measures the availability of abortion services to women in the state. This proportion ranges from 16 to 100 percent across the states. As of 1996, in the bottom three states, 20 percent or fewer women lived in counties with at least one provider, while in the top six states, more than 90 percent of women lived in counties with at least one (Henshaw, 1998). At 16 percent of women in counties with a provider, West Virginia's proportion is the lowest in the nation. In addition, 96 percent of counties in West Virginia have no abortion provider at all. The women who live in these counties have extremely limited access to a provider. Thus, for the majority of women in West Virginia, and particularly those in rural counties without a provider, access to abortion services can be problematic. In 41 states, more than half of all counties have no abortion provider, and in 21 states more than 90 percent of counties had none (Henshaw, 1998).

Debates over reproductive rights and family planning policies frequently involve potential restrictions on women's access to abortion and contraception. The stances of elected officials play an important role in the success or failure of these efforts. To measure the level of support for or opposition to potential restrictions, the National Abortion and Reproductive Rights Action League (NARAL) examined the votes and public statements of governors and members of state legislatures. NARAL determined whether these public officials would support restrictions on access to abortion and contraception, including (but not limited to) provisions concerning parental consent, mandatory waiting periods, prohibitions on Medicaid funding for abortion, and bans on certain abortion

procedures. NARAL also gathered official comments from governors' offices and conducted interviews with knowledgeable sources involved in reproductive issues in each state (NARAL and NARAL Foundation, 2001). For this study, governors and legislators who would support restrictions on abortion rights are considered anti-choice, and those who would oppose them are considered pro-choice. In West Virginia, the governor is pro-choice, but the majority of members of the state senate and house of representatives are anti-choice.

Other Family Planning Policies and Resources

About 49 percent of traditional health plans do not cover any reversible method of contraception such as the pill or IUD. Others will pay for one or two types but not all five types of prescription methods—the pill, implants, injectables, IUDs, and diaphragms. About 39 percent of HMOs cover all five prescription methods (The Alan Guttmacher Institute, 1996). Because of the importance of contraception to women's control over their reproductive lives, women's advocates and policymakers have focused on insurance coverage of contraception as an important issue to women. Responding to a set of lawsuits filed against individual companies, in 2000 the Equal Employment Opportunity Commission ruled that employers that offer coverage for comparable prescription drugs must also cover prescription contraceptives under federal anti-discrimination laws.

Controversy about contraceptive coverage is leading lawmakers in many states to introduce bills that would require health insurers to cover contraception. Nineteen states require all private insurers to provide comprehensive contraceptive coverage. Seven states have provisions requiring partial coverage for contraception. In four of these states, insurance companies must offer at least one insurance package that covers some or all birth control prescription methods. One state, Minnesota, requires coverage of all prescription drugs, including contraceptives. Another, Texas, requires insurers with coverage for prescription drugs to cover oral contraceptives. In Oklahoma, a state regulation mandates that HMOs cover "voluntary family planning services," which is interpreted to include some kind of contraception (NARAL and

NARAL Foundation, 2001). West Virginia does not require insurance companies to provide contraceptive coverage, although it does require contraception coverage for all state employees.

Publicly funded contraceptive services prevent many unintended pregnancies each year among the young, the unmarried, and the poor (Forrest and Amara, 1996). In addition to giving women more control over family planning, contraceptive services are financially beneficial. Every dollar spent for contraceptive services saves three dollars in public funds that would otherwise be needed for prenatal and newborn medical care alone (Frederick, 1998). In the United States, 39 percent of all women who are in need of publicly supported contraceptive services are served at publicly supported family planning clinics, compared with 63 percent in West Virginia (Table 7.1). In addition, 67 percent of teenage women in need of publicly supported contraceptive services in West Virginia are served at publicly supported clinics, compared with 37 percent nationally. The percentages of both women and teens who are served by publicly supported family planning clinics are thus considerably higher in West Virginia than the United States as a whole. In order to support all women in choosing their family size, states should make a commitment to expand publicly supported contraceptive services.

Infertility treatments can also increase the reproductive choices open to women and men, but they are often prohibitively expensive, especially when they are not covered by insurance. In eleven states, including West Virginia, legislatures have passed measures requiring insurance companies to pay for infertility treatments. In another three states, insurance companies must offer at least one package with infertility coverage to their policyholders (Plaza, 2001a).

Because there is no comprehensive federal law concerning the reproductive rights of lesbians and gays, state courts currently hold considerable power over their choices in building their families. Courts have exercised this power in many ways, for example, by deciding whether lesbians and gays can legally adopt their partners' children, sometimes called second-parent adoption. Second-parent adoption provides the legal rights to otherwise non-legal parents in same-sex relationships that many legal parents take for granted, such as custodial rights in the case of divorce or death and the right to make health care decisions for the child. Research also suggests that children raised by homosexual parents have the same advantages and levels of health and development as those whose parents are heterosexual (American Academy of Pediatrics, 2002).

Court rulings in 25 states specifically extend second-parent adoption to lesbians and gays. In 18 of those states, lower courts have approved a petition to adopt; in five states, high or appellate courts have prohibited discrimination; and in two states, the state supreme court has prohibited discrimination against gays or lesbians in second-parent adoption cases. In six states, courts have ruled against second-parent adoption. Because many of the rulings have been issued from lower-level courts, there is room for these laws—both in favor of and against second-parent adoption—to be overturned by courts at a higher level. In addition, courts in the remaining 20 states, including West Virginia, have not ruled on a case involving second-parent adoption, creating a

Table 7.1
Contraceptive Coverage Among Low-Income and Teenage Women in West Virginia and the United States, 1995

	West Virginia	United States
Percent of All Women in Need of Publicly Supported Contraceptive Services Who are Served by Publicly Supported Family Planning Clinics	63%	39%
Percent of Teenage Women in Need of Publicly Supported Contraceptive Services Who are Served by Publicly Supported Family Planning Clinics	67%	37%

Source: Fredrick, 1998.
Compiled by the Institute for Women's Policy Research.

sense of ambiguity for lesbian and gay families. Only one state, Florida, has specifically banned second-parent adoption through state statute (National Center for Lesbian Rights, 2001). In West Virginia, no case has been tried to either challenge or support the option of a non-biological parent in a gay/lesbian couple to adopt his or her partner's child.

Sexuality education is crucial to giving young women and men the knowledge they need to make informed decisions about their sexual activity and to avoid unwanted pregnancy and disease. In 23 states, including West Virginia, schools are required to provide sex education. Of those 23, West Virginia

and eight other states require that sex education teach abstinence and also provide students with information about contraception. Three states require that sex education programs teach abstinence but do not require that schools give students information about contraception (NARAL and NARAL Foundation, 2001).

Fertility and Natality

Women's reproductive rights are crucial to their ability to control the timing and circumstances of giving birth. This, in turn, gives them more control

Table 7.2
Fertility, Natality, and Infant Health

	West Virginia	United States
Fertility Rate in 2000 (live births per 1,000 women aged 15-44)^a	55.9	67.5
Infant Mortality Rate in 1999 (deaths of infants under age one per 1,000 live births)^b	7.4	7.1
Among Whites	7.3	5.8
Among African Americans	N/A	14.6
Percent of Low Birth Weight Babies (less than 5 lbs, 8 oz.), 1999^a	8.0%	7.6%
Among Whites	7.9%	6.6%
Among African Americans	12.3%	13.1%
Among Hispanics	N/A	6.4%
Percent of Mothers Beginning Prenatal Care in the First Trimester of Pregnancy, 1999^c	85%	83%
By Race and Ethnicity:		
Among Whites	86%	88%
Among African Americans	71%	74%
Among Hispanics	69%	74%
Among Asian Americans	79%	84%
Among Native Americans	N/A	70%
By Age:		
Under Age 15	N/A	48%
Ages 15-19	75%	69%
Ages 20-24	83%	78%
Ages 25-29	89%	87%
Ages 30-34	90%	90%
Ages 35 and Older	89%	88%
Births to Teenage Women (aged 15-19 years) as a Percent of all Births, 1999^d	11.5%	14.5%
Births to Unmarried Women as a Percent of All Births, 1999^d	31.7%	33.0%

N/A = Not Available.
Sources: ^a Martin, et al., 2002; ^b National Center for Health Statistics, 2001c; ^c National Center for Health Statistics, Division of Health Promotion, 2001; ^d U.S. Department of Commerce, Bureau of the Census, 2001d.
Compiled by the Institute for Women's Policy Research.

over their economic, health, and social status. Women's reproductive rights can also improve the economic and health status of their children, since women's ability to achieve their own well-being affects the well-being of their families.

By 2000, the median age for women at the time of their first marriage was 25.1 years. As of 1999, the median age at first birth was 24.5 years (Fields and Casper, 2001; National Center for Health Statistics, 2001b). Fertility rates are much lower in West Virginia than in the nation as a whole. Table 7.2 shows 55.9 live births per 1,000 women aged 15-44 in West Virginia, compared with 67.5 births in the United States as a whole, in 2000.

Table 7.2 also shows that there were 7.4 infant deaths per 1,000 births in West Virginia, a rate slightly above that for the United States as a whole, at 7.1. Infant mortality affects white and African American communities in the United States at very different rates. Nationwide, mortality rates are 5.8 for white infants and 14.6 for African American infants (data not available for minorities in West Virginia; National Center for Health Statistics, 2001c).

Low birth weight (less than 5 lbs., 8 oz.) among babies also affects different racial and ethnic groups at different rates. In West Virginia, while the overall low birth weight rate is 8.0 percent (compared to 7.6 percent nationally), it is 7.9 among white infants and 12.3 among African American infants (data for Hispanic women not available due to small sample sizes). In the United States, the percent of births of low weight among white infants was 6.6; for Hispanic infants, it was 6.4; and for African American infants, it was 13.1. Nationally, disparities in both infant mortality and low birth-weight rates between African Americans and whites are growing. These differences are probably related to a variety of factors, including disparities in socioeconomic status, nutrition, maternal health, and access to prenatal care, among others (U.S. Department of Health and Human Services, Public Health Service, 2000).

For all women, access to prenatal care can be crucial to health during pregnancy and to reducing the risk of infant mortality and low birth weight (U.S.

Department of Health and Human Services, Public Health Service, 2000). In the country as a whole, about 83 percent of women begin prenatal care in their first trimester of pregnancy, while 85 percent of West Virginia women do. Use of prenatal care varies sharply by race and education. Nationally, 88 percent of white women use prenatal care in the first trimester, while 84 percent of Asian American women, 74 percent of African American and Hispanic women, and 70 percent of Native American women do. In West Virginia, 86 percent of white women, 79 percent of Asian American women, 71 percent of African American women, and 69 percent of Hispanic women use prenatal care in the first trimester (comparable data on Native American women are unavailable due to small sample sizes). Racial and ethnic disparities in prenatal care are thus roughly the same in West Virginia as nationally.

Use of prenatal care varies greatly by age, as well. In the United States, just 48 percent of girls under age 15 received prenatal care in 1999, compared with 69 percent of those aged 15-19. Rates were much higher, from 78 to 90 percent, for women age 20 and older. In West Virginia, there were no data available for girls under age 15; however, 75 percent of girls aged 15-19 received prenatal care in the first trimester. West Virginia's rates were also higher than the national rate for women aged 20-24 (83 percent and 78 percent, respectively) and roughly the same for older age groups.

Teenage mothers can have difficulties achieving an adequate standard of living because of their limited choices about education and employment (The Alan Guttmacher Institute, 1994; U.S. Department of Health and Human Services, Public Health Service, 2000). In addition, as Table 7.2 shows, teenage women have decreased access to prenatal care in the first trimester compared with older women. In 1998, births to teenage mothers accounted for a smaller proportion of all births in West Virginia (11.5 percent) than they did nationally (14.5 percent). Births to unmarried mothers also accounted for a lower proportion of all births in West Virginia than they did nationally (31.7 percent in West Virginia compared with 33.0 percent for the nation as a whole; U.S. Department of Commerce, Bureau of the Census, 2001d).

8. Health and Well-Being



Health is a crucial factor in women’s overall status. Health problems can seriously impair women’s quality of life as well as their ability to care for themselves and their families. As with other resources described in this report, women in the United States vary in their access to health-related resources. To ensure equal access, the Beijing Declaration and Platform for Action stresses the need for strong prevention programs, research, and information campaigns targeting all groups of women, as well as adequate and affordable quality health care.

This section focuses on women’s health in West Virginia. The composite index of women’s health and well-being includes several indicators, including mortality from heart disease, breast cancer, and lung cancer; the incidence of diabetes, chlamydia, and AIDS; women’s mental health status and mortality from suicide; and limitations on women’s everyday activities. Because research links women’s health and well-being to their ability to access the health care system (Mead, et al., 2001), this section also presents information on women’s use of preventive services, health-related behaviors, and state-

Chart 8.1
Health and Well-Being: National and Regional Ranks

Indicators	National Rank* (of 51)	Regional Rank* (of 9)	Grade
Composite Health and Well-Being Index	48	8	D-
Average Annual Mortality Rate Among Women from Heart Disease (per 100,000, 1996-98) ^a	49	9	
Average Annual Mortality Rate Among Women from Lung Cancer (per 100,000, 1996-98) ^a	47	8	
Average Annual Mortality Rate Among Women from Breast Cancer (per 100,000, 1996-98) ^a	33	4	
Percent of Women Who Have Ever Been Told They Have Diabetes (2000) ^b	48	8	
Average Annual Incidence Rate of Chlamydia Among Women (per 100,000, 2000) ^c	5	1	
Average Annual Incidence Rate of AIDS Among Women (per 100,000 adolescents and adults, 2000) ^d	13	1	
Average Number of Days per Month on which Women's Mental Health Is Not Good (2000) ^b	46	9	
Average Annual Mortality Rate Among Women from Suicide (per 100,000, 1996-98) ^e	25	5	
Average Number of Days per Month on which Women's Activities Are Limited by Their Health (2000) ^b	50	9	

See Appendix II for methodology.

* The national rankings are of a possible 51, including the 50 states and the District of Columbia. The regional rankings are of a maximum of nine and refer to the states in the South Atlantic region (DC, DE, FL, GA, MD, NC, SC, VA, and WV).

Source: ^a National Center for Health Statistics, 2001a; ^b Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, 2001; ^c Centers for Disease Control and Prevention, National Center for HIV, STD, and TB Prevention, Division of STD Prevention, 2001; ^d Centers for Disease Control and Prevention, National Center for HIV, STD, and TB Prevention, 2001; ^e Centers for Disease Control and Prevention, National Center for Injury Prevention and Control, 2001.

Calculated by the Institute for Women's Policy Research.

level policies and resources concerning women's health issues. Information on women's access to health insurance is presented earlier in this report.

Although women on average live longer than men—79 years compared to 73 years for men in the United States in 1998—women suffer from more nonfatal acute and chronic conditions and are more likely to live with disabilities and suffer from depression. In addition, women have higher rates of health service use, physician visits, and prescription and nonprescription drug use than men (Mead, et al., 2001).

Women's overall health status is closely connected to many of the other indicators in this report, including women's poverty status, access to health insurance, reproductive rights, and family planning. As a result, it is important to consider women's health as embedded in and related to their political, economic, and social status (National Women's Law Center, FOCUS on the Health of Women at the University of Pennsylvania Medical Center, and the Oregon Health and Science University, 2001). For example, many studies find direct and indirect relationships between income, education and work status, and health. Poor, uneducated women with few work opportunities are more likely to be unhealthy. Women with low incomes, little education, and no jobs also face many problems accessing the health care system, which indirectly influences their health status (Mead, et al., 2001). Research shows that, in contrast, women's employment has a positive effect on health. Studies suggest the link may result both because work provides health benefits to women and because healthier women "self-select" to work (Hartmann, Kuriansky, and Owens, 1996). Finally, research suggests that across the states, women's mortality rates, cause-specific death rates, and mean days of activity limitations due to health are highly correlated with their economic and political status, and especially with their political participation and with a smaller wage gap (Kawachi, et al., 1999).

West Virginia ranks 48th among all the states, lagging behind most states and the nation as a whole on most indicators of women's health and well-being (see Chart 8.1). It ranks in the bottom five of all states for women's mortality rates from lung cancer (47th) and heart disease (49th), incidence of diabetes (48th), and activities limitations due to health

(50th). West Virginia ranks much better for women's incidence of chlamydia (fifth) and AIDS (13th), placing it among the top third of all states on these two indicators. It is at the midpoint of all states, 25th, for women's mortality from suicide. It falls in the bottom half of all states for the remaining indicators of women's status: mortality from breast cancer (33rd) and overall mental health (46th).

West Virginia ranks eighth out of the nine states in the South Atlantic region for the composite indicator of women's health. It has the best record in the region for women's incidence of chlamydia and AIDS and is average for women's mortality from breast cancer (fourth) and suicide (fifth). It falls to eighth for women's mortality from lung cancer and incidence of diabetes, and it is last for women's mortality from heart disease, overall mental health, and activities limitations due to health.

West Virginia's grade of D- on the health and well-being index reflects the difference between women's actual health status in the state and national health goals, including those set by the U.S. Department of Health and Human Services in its Healthy People 2010 program (see Appendix II for a discussion of the composite methodology).

Mortality and Incidence of Disease

Heart disease has been the leading cause of death for both women and men of all ages in the United States since 1970. It is the second leading cause of death among women aged 45-74, following all cancers combined. It remains the leading cause of death for women aged 75 and older even when all cancers are combined (National Center for Health Statistics, 2001d). Since many of the factors contributing to heart disease, including high blood pressure, smoking, obesity, and inactivity, can be addressed by changing women's health habits, states can contribute to decreasing rates of death from heart disease by raising awareness of its risk factors and how to modify them. In addition, states can implement policies that facilitate access to health care professionals and preventive screening services.

Women in West Virginia experience mortality from heart disease at a rate much higher than the U.S. rate

Table 8.1
Mortality and Incidence of Disease Among Women in
West Virginia and the United States

Indicator	West Virginia	United States
Average Annual Mortality Rate Among Women from Heart Disease (per 100,000), 1996-98 ^a	190.2	161.7
Average Annual Mortality Rate Among Women from Lung Cancer (per 100,000), 1996-98 ^a	50.1	41.3
Average Annual Mortality Rate Among Women from Breast Cancer (per 100,000), 1996-98 ^a	28.6	28.8
Percent of Women Who Have Ever Been Told They Have Diabetes, 2000 ^b	7.6	5.9*
Average Annual Incidence Rate of Chlamydia Among Women (per 100,000), 2000 ^c	191.1	404.0
Average Annual Incidence Rate of AIDS Among Women (per 100,000 adolescents and adults), 2000 ^d	1.7	8.7

* Median rate for the 50 states and the District of Columbia.

Source: ^a National Center for Health Statistics, 2001a; ^b Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, 2001; ^c Centers for Disease Control and Prevention, National Center for HIV, STD, and TB Prevention, Division of STD Prevention, 2001; ^d Centers for Disease Control and Prevention, National Center for HIV, STD, and TB Prevention, 2001.

Compiled by the Institute for Women's Policy Research.

(190.2 and 161.7 per 100,000 women, respectively; see Table 8.1). The state ranks 49th among all the states on this indicator. Men's mortality from heart disease is much higher than women's in both West Virginia and in the country as a whole (312.1 and 266.2 per 100,000 men, respectively; data not shown; National Center for Health Statistics, 2001a).

Women's mortality from heart disease varies greatly by race and ethnicity in West Virginia and in the United States. As Figure 8.1 shows, mortality rates from heart disease are generally much worse among African American women than among white women, while Asian American women have the best rates. In the United States, the mortality rate from heart disease for 1996-98 among all women was 161.7 deaths per 100,000 women. For African American women, it was much larger, at 195.3 deaths per 100,000, while for white women it was 159.8. For Hispanic women, the rate was only 113.4 deaths per 100,000; for Asian American women, it was 89.5; for Native American women, it was 94.2. In West Virginia, patterns of mortality from heart disease among African American and white women were similar to those in the nation as a whole.

African American women experienced mortality from heart disease at a rate of 218.3 per 100,000, while white women had a rate of 190.1 per 100,000 (data not available for Hispanic, Asian American, and Native American women in West Virginia due to small sample sizes).

Cancer is the leading cause of death for women aged 45-74. Women's lung cancer in particular, the leading cause of death among cancers, is on the rise. Among women nationally, the incidence of lung

cancer doubled and the death rate rose 182 percent between the early 1970s and early 1990s (National Center for Health Statistics, 1996). Like heart disease, lung cancer is closely linked with cigarette smoking. State public awareness efforts on the link between cancer and smoking can be crucial to lowering lung cancer incidence and mortality. In West Virginia, the average mortality rate from lung cancer is 50.1 per 100,000 women, substantially larger than the national rate of 41.3. As a result, West Virginia ranks 47th in the nation and eighth in the region on this indicator.

Mortality from lung cancer varies substantially by race and ethnicity. In West Virginia, 50.6 white women per 100,000 die from lung cancer each year, while 38.8 African American women do (Table 8.2; data are not available for Hispanic, Asian American, and Native American women for West Virginia). Nationally, white women are also more likely to die from lung cancer than African American women and considerably more likely than Hispanic, Asian American, and Native American women are: 43.7 white women, 41.3 African American women, 13.8 Hispanic women, 19.4 Asian American women, and

25.0 Native American women per 100,000 died of lung cancer annually in 1996-98.

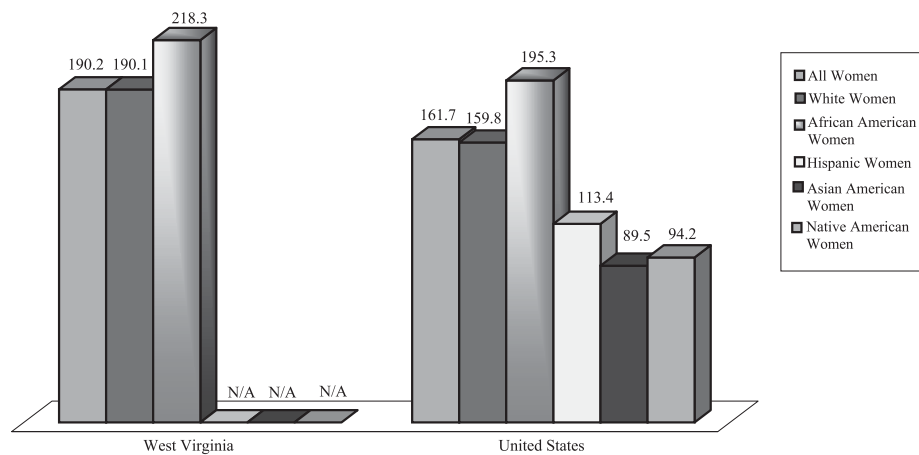
Among cancers, breast cancer is the second most common cause of death for U.S. women. Approximately 203,500 new cases of invasive breast cancer are expected in 2002 (American Cancer Society, 2002). Breast cancer screening is crucial, not just for detecting breast cancer, but also for reducing breast cancer mortality. Consequently, health insurance coverage, breast cancer screenings, and public awareness of the need for screenings are all important issues to address as states attempt to diminish death rates from the disease. West Virginia's rate of mortality from breast cancer, 28.6 per 100,000, is close to that of the nation, at 28.8 per 100,000 women. West Virginia ranks 33rd in the nation and fourth in its region on this measure.

Mortality rates from breast cancer are much higher among African American women than among white women in West Virginia: 28.5 white women and 37.5 African American women per 100,000 died of breast cancer annually in 1996-98 (Table 8.2; data not available for Hispanic, Asian American, and Native American women due to small sample sizes). This is similar to national trends, in which mortality rates from breast cancer are 28.7 white women and

37.8 African American women per 100,000. Nationally, mortality rates from breast cancer are much lower among Hispanic, Asian American, and Native American women nationally: 17.6 for Hispanic women, 12.8 for Asian American women, and 15.1 for Native American women.

People with diabetes are two to four times more likely to develop heart disease or stroke, blindness, kidney disease, and other serious health conditions than those without it. Women with diabetes have the same risk of heart disease as men (Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, 1999). Rates of diabetes vary tremendously by race and ethnicity, with African Americans, Hispanics, and Native Americans experiencing much higher rates than white men and women (Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, 1998). The overall risk of diabetes can be decreased by lowering the level of obesity and by improving health habits in a state. In West Virginia, 7.6 percent of women have been diagnosed with diabetes at some point in their lifetime, a rate much larger than the median rate for all states, 5.9 percent. At 48th, West Virginia ranks quite poorly on this indicator of women's health status.

Figure 8.1
Average Annual Mortality Rates Among Women from Heart Disease in West Virginia and the United States by Race and Ethnicity, 1996-98*



* Deaths per 100,000.
Source: National Center for Health Statistics, 2001a.
Compiled by the Institute for Women's Policy Research.

Table 8.2
Average Annual Mortality Rates Among Women from Lung and Breast Cancer in West Virginia and the United States by Race and Ethnicity, 1996-98

Indicator	West Virginia	United States
Average Annual Mortality Rate Among Women from Lung Cancer (per 100,000)	50.1	41.3
Among Whites*	50.6	43.7
Among African Americans*	38.8	41.3
Among Hispanics**	N/A	13.8
Among Asian Americans	N/A	19.4
Among Native Americans	N/A	25.0
Average Annual Mortality Rate Among Women from Breast Cancer (per 100,000)	28.6	28.8
Among Whites*	28.5	28.7
Among African Americans*	37.5	37.8
Among Hispanics**	N/A	17.6
Among Asian Americans	N/A	12.8
Among Native Americans	N/A	15.1

* Non-Hispanic.

** Hispanics may be of any race.

N/A = Not available.

Source: National Center for Health Statistics, 2001a.

Compiled by the Institute for Women's Policy Research.

Sexually transmitted diseases (STDs) are a common threat to younger women's health. As with many other health problems, education, awareness, and proper screening can be key to limiting the spread of STDs and diminishing the health impact associated with them. One of the more common STDs among women is chlamydia, which affects more than 563,000 women in the United States. Up to 85 percent of women who have chlamydia manifest no symptoms. Nonetheless, chlamydia can lead to Pelvic Inflammatory Disease (PID), which is a serious threat to female reproductive capacity (U.S. Department of Health and Human Services, Public Health Service, 2000). As a result, screening for chlamydia is important to women's reproductive health. In West Virginia, chlamydia affects 191.1 women per 100,000, substantially better than the rate for the United States as a whole, 404.0 women per 100,000. West Virginia ranks fifth in the nation and first in the region on this indicator of women's health status.

percent of people with AIDS were women, while 28 percent of people with HIV were. The race and ethnic disparities in the incidence of AIDS are alarming: in 1999, the AIDS rate per 100,000 women nationwide was 2.3 among white women, 49.0 among African American women, 14.9 among Hispanic women, 1.4 among Asian American women, and 5.0 among Native American women (Table 8.3). In West Virginia, data on AIDS incidence were not available for minority women.

Overall, West Virginia had a much better incidence of AIDS than the nation as a whole in 2000, at 1.7 compared with 8.7 per 100,000 women (Table 8.1). The state ranks well on this indicator, at 13th nationally and first in the South Atlantic region. For men, the incidence of AIDS is also much better in West Virginia than in the nation as a whole, at 6.7 cases per 100,000 men in West Virginia compared with 28.0 in the United States as a whole (data not shown; Centers for Disease Control and Prevention, National Center for HIV, STD, and TB Prevention, 2001).

The incidence of HIV and AIDS in women is one of the fastest growing threats to their health, especially among younger women. The gap between the incidence of AIDS in women and men is diminishing quickly. While in 1985 the incidence of AIDS-related illnesses among men was 13 times greater than for women, by 1998-99 men had less than four times as many AIDS-related illnesses as women. The proportion of people with AIDS who are women is likely to continue rising, since a higher proportion of those with HIV are women: in 2000, 17

Table 8.3
Average Annual Incidence Rate of AIDS Among Women in West Virginia and the United States by Race and Ethnicity, 1999*

Indicator	West Virginia	United States
Average Annual Incidence Rate of AIDS Among Women (per 100,000 adolescents and adults)	0.9	9.3
Among Whites	0.9	2.3
Among African Americans	N/A	49.0
Among Hispanics	N/A	14.9
Among Asian Americans	N/A	1.4
Among Native Americans	N/A	5.0

* Data differ from those provided in Table 8.1, which are for 2000. These numbers are based on unpublished numbers from the Centers for Disease Control for 1999.

N/A = Not available.

Source: The Henry J. Kaiser Family Foundation, 2001.

Compiled by the Institute for Women's Policy Research.

In West Virginia, women's self-reported evaluations indicate that they experience an average of 4.3 days per month on which their mental health is not good. The state ranks 46th nationally and last regionally on this measure (see Table 8.4 and Chart 8.1). Nationally, the median rate is 3.8 days per month of poor mental health. In West Virginia, men's rate of poor mental health is also worse than the

Mental Health

Women experience some psychological conditions, such as depression, anxiety, panic, and eating disorders, at higher rates than men. However, they are less likely to suffer from substance abuse and conduct disorders than men are. Overall, about half of all women aged 15-54 experience symptoms of mental illness at some point in their lives (National Center for Health Statistics, 1996). Because of stigmas associated with psychological disorders and their treatment, many go untreated. In addition, while many health insurance policies cover some portion of alcohol and substance abuse programs, many do not adequately cover treatments of other psychological disorders. These treatments, however, are integral to helping patients achieve good mental health.

national median, at 3.8 compared with 2.5 days. In West Virginia, as in the nation, the median rate of poor mental health days per month for women is higher than it is for men (4.3 versus 3.8 in West Virginia and 3.8 versus 2.5 in the United States), although the gap is smaller.

One of the most severe public health problems related to psychological disorders is suicide. In the United States, 1.3 percent of all deaths occur from suicide, about the same number of deaths as from AIDS (National Institute of Mental Health, 1999).

Table 8.4
Mental Health Among Women and Men in West Virginia and the United States

Indicator	West Virginia		United States	
	Women	Men	Women	Men
Average Number of Days per Month of Poor Mental Health, 2000 ^a	4.3	3.8	3.8*	2.5*
Average Annual Mortality Rate from Suicide (per 100,000), 1996-98 ^b	4.5	24.3	4.4	19.6

* Median rate for the 50 states and the District of Columbia.

Source: ^a Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, 2001; ^b Centers for Disease Control and Prevention, National Center for Injury Prevention and Control, 2001.

Compiled by the Institute for Women's Policy Research.



Women are much less likely than men to commit suicide, with more than four times as many men as women dying by suicide. However, women are two to three times more likely to attempt suicide than men are, and a total of 500,000 suicide attempts are estimated to have occurred in 1996. In 1999 suicide was the fourth leading cause of death among women aged 14-34, the fifth leading cause of death among women aged 35-44, and the eighth leading cause of death among women 45-54 (Centers for Disease Control and Prevention, National Center for Injury Prevention and Control, 2002). Among women in the United States, the annual rate of mortality from suicide is 4.4 per 100,000. In West Virginia, the rate is similar, at 4.5. West Virginia ranks 25th in the nation and fifth in the South Atlantic region on this indicator of women's health status.

While risk factors for suicide often occur in combination, research indicates that 90 percent of men and women who kill themselves are experiencing depression, substance abuse, or another diagnosable psychological disorder (National Institute of Mental Health, 1999). As a result, policies that extend and expand mental health services to those who need them can help potential suicide victims. According to the National Institute of Mental Health, the most effective programs prevent suicide by addressing broader mental health issues, such as stress and substance abuse (National Institute of Mental Health, 1999).

Limitations on Activities

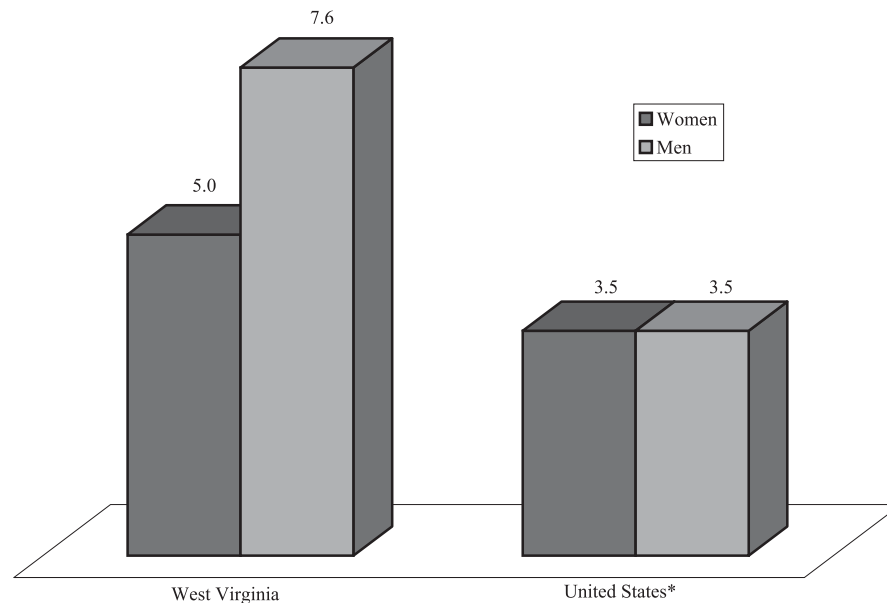
Women's overall health status strongly affects their ability to carry out everyday tasks, provide for their families, fulfill

their goals, and live full and satisfying lives. Illness, disability, and generally poor health can obstruct their ability to do all these things. Women's self-evaluation of the number of days in a month on which their activities are limited by their health status measures the extent to which women are unable to perform the tasks they need and want to complete. Among all states, the median is 3.5 days; in West Virginia, the average is much higher, at 5.0 (see Figure 8.2), and the state ranks 50th on this measure. West Virginia's poor score and rank on this measure are probably related to women's poor health in other indicators of women's health status. For men, the rate in West Virginia (7.6 days per month) is also much higher (more than twice as high) than the median rate for all states (3.5 days per month).

Preventive Care and Health Behaviors

Women's health status is affected tremendously by their use of early detection measures, preventive

Figure 8.2
Average Number of Days per Month of Limited Activities Among Women and Men in West Virginia and the United States, 2000



* Median rates for the 50 states and the District of Columbia.
Source: Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, 2001.
Compiled by the Institute for Women's Policy Research.

health care, and good personal health habits. In fact, preventive health care, healthy eating, and exercise, as well as the elimination of smoking and heavy drinking, can help women avoid many of the diseases and conditions described above. Table 8.5 presents data on women’s use of preventive care, early detection resources, and good health habits in West Virginia.

Generally, women in West Virginia use preventive care resources at lower than average levels. Of women over age 50, 70.4 percent have had a mammogram within the past two years, slightly lower than the median percent for all states (71.1 percent). West Virginia women also have lower usage rates of pap tests (82.1 percent compared with 86.8 percent among women aged 18 and older) and cholesterol screenings (70.2 percent compared with 71.2 percent for women aged 18 and older) than the medians for all states.

Women in West Virginia are also less likely to practice good health habits than women in other states. While the percent of West Virginia women who engage in binge drinking (five or more alcoholic beverages on one occasion during the past month) is lower than the median for all states (3.6 and 6.7, respectively), the percent of adult women in West Virginia who smoke, 24.7 percent, is higher than the median for all states, 21.2 percent (see Table 8.5). Women in West Virginia are also less likely to participate in physical activity and to eat the recommended amount of fruits and vegetables than women in most states.

State Health Policies and Resources

State policies can contribute to women’s health status in substantial ways. Because poverty is closely

Table 8.5
Preventive Care and Health Behaviors Among Women in West Virginia and the United States

	West Virginia	United States*
Preventive Care		
Percent of Women Aged 50 and Older Who Have Had a Mammogram in the Past Two Years, 2000 ^a	70.4	71.1
Percent of Women Aged 18 and Older Who Have Had a Pap Smear in the Past Three Years, 2000 ^a	82.1	86.8
Percent of Women Aged 18 and Older Who Have Been Screened for Cholesterol in the Past Five Years, 1997 ^b	70.2	71.2
Health Behaviors		
Percent of Women Who Smoke (100 or more cigarettes in their lifetime and who now smoke every day or some days), 2000 ^a	24.7	21.2
Percent of Women Who Report Binge Drinking (Consumption of five or more drinks on at least one occasion during the preceding month), 1997 ^b	3.6	6.7
Percent of Women Who Report No Leisure-Time Physical Activity During the Past Month, 2000 ^a	35.0	28.6
Percent of Women Who Do Not Eat Five or More Servings of Fruits or Vegetables per Day, 2000 ^a	74.2	73.1

* National rates are median rates for the 50 states and the District of Columbia.

Source: ^a Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, 2001; ^b Centers for Disease Control and Prevention, 2000.

Compiled by the Institute for Women’s Policy Research.

associated with poor health among women, policies allocating resources to Medicaid programs to help low-income men and women cover health-related expenses are critical for improving health and well-being. Women are particularly affected by resource allocations to Medicaid programs, since more women than men live in poverty. Consequently, more than 50 percent more women receive Medicaid benefits than men (U.S. Department of Health and Human Services, Health Care Financing Administration, 1999). In West Virginia, more women than men receive health insurance from public sources (17.4 percent versus 15.0 percent; see Table 6.1).

During the 1990s, states gained increased autonomy in setting eligibility and benefit levels for Medicaid programs, and as a result their spending varied substantially. Table 8.6 shows the level of Medicaid spending per adult enrollee in West Virginia and nationally (“adults” are generally defined as nondisabled people aged 18-64, although some states extend “adult” to cover some younger people, such as pregnant teens or mothers classified as head-of-household). At \$1,656, West Virginia’s spending was below the average among all states of

\$1,892 per adult enrollee in 1998. Without adequate financial support for their health care needs, the health status of low-income women and their families is likely to suffer. State and federal policy should also ensure that, as men and women move off welfare and into the workforce, they do not lose access to health insurance.

Studies show that the quality of insurance coverage greatly affects women’s access to certain health resources and, consequently, their health status (Mead, et al., 2001). In order to advance women’s and men’s access to adequate health-related resources, many states have passed policies governing health care coverage by insurance companies for their policyholders. These policies include required coverage for preventive screenings for cervical cancer and osteoporosis; laws allowing women to choose a specialist in obstetrics and gynecology as their primary care physician or allowing direct access to one without referral; and mandates for coverage of mental health services. In addition, some states have mastectomy stay laws, requiring insurance companies to cover inpatient care for defined periods following a mastectomy. Overall, while West Virginia has a few of the state

Table 8.6
Health Policies and Resources in West Virginia and the United States

	Yes	No	Other Information	Total or Average, United States (of 51)
Medicaid Spending per Adult Enrollee, 1998^c			\$1,656	\$1,892
Does West Virginia require insurance companies to:				
Cover screenings for cervical cancer? ^a	✓			25
Cover screenings for osteoporosis? ^a		✓		12
Cover inpatient care for a defined period after a mastectomy? ^a		✓		18
Allow women to identify a specialist in obstetrics and gynecology as their primary care physician or allow direct access to one? ^a	✓			39
Cover or offer at least one policy covering mental health services at the same level as other health services? ^b	✓			21

Source: ^a Plaza, 2001b; ^b National Conference of State Legislatures Health Policy Tracking Service, 2001; ^c Kaiser Commission on Medicaid and the Uninsured, 2001.

Compiled by the Institute for Women’s Policy Research.

Health Care Resources for West Virginia Women

General Health Resources for Women

Access to health care providers can be limited for all women but especially those in rural areas. To help address this problem, state agencies and universities are using the Internet to provide resources for women needing information about health care issues. One important source of information on women's health is the West Virginia University (WVU) Women's Cardiovascular Health Network, formed in 1997 to identify, research, and disseminate successful models, program instruments, and interventions among women—including best practices for improving physical activity, nutrition, and reducing tobacco use (Women's Cardiovascular Health Network, 2002). WVU also sponsors the West Virginia Women's Health Page (www.health.wvu.edu/clinical/womenshealth/index.htm), which provides health care guidelines for women across the life span. Another key resource is the Bureau for Public Health's Health Statistics Center at the West Virginia Department of Health and Human Resources, which has produced county health profiles for the state (West Virginia Health Statistics Center, 2002).

State offices with responsibilities for women's health include the West Virginia Office of Maternal, Child, and Family Health and its Division of Perinatal and Women's Health (DPWH). This office is responsible for coordinating breast and cervical cancer screenings and family planning programs for 55 counties of the state through county health departments, primary care centers, hospital out-patient centers, and private practice facilities (West Virginia Office of Maternal, Child, and Family Health, 2002).

Family Planning and Reproductive Health Services

DPWH's Family Planning Program provides comprehensive reproductive health services to reduce the number of unintended pregnancies. A network of 150 health care facilities, including local health departments, primary care centers, hospital outpatient centers, university health centers, and free clinics, this program provides confidential services to West Virginia residents. West Virginians with incomes at or below 250 percent of the federal poverty level are eligible for free or reduced-cost family planning services. These services are particularly important for women because they allow them to choose the number and spacing of their children. In turn, these services can reduce infant morbidity and mortality and improve women's health (West Virginia Office of Maternal, Child, and Family Health, Division of Perinatal and Women's Health, 2002).

The Importance of Maintaining Women's Reproductive Rights

West Virginia's B- for reproductive rights in this report represents its only above-average grade for women's status. West Virginia's pro-choice governor is important to this relatively high grade. Still, there is continued controversy in the state about women's reproductive rights: in 2002, for example, Governor Robert Wise vetoed "informed consent" legislation that would have required women to wait 24 hours and consider alternatives before undergoing an abortion (Messina, 2002). In addition, there are important limitations to women's reproductive rights in West Virginia. Access to emergency contraception, for example, is limited, since only twelve communities, including four county health departments (Cabell-Huntington, Monongalia, Mason, and Mingo), and one physician each in Martinsburg and Bluefield provide these services (Princeton University Office of Population Research and Association of Reproductive Health Professionals, 2002). Other reproductive services are available through the Planned Parenthood affiliate in Vienna and the Women's Health Center of West Virginia in Charleston. However, as of spring 2002, no providers in West Virginia offer mifepristone (RU486), an FDA-approved drug used for the termination of early pregnancy (Abortion Clinics Online, 2002).

insurance mandates important to women, including mental health parity, it still lacks some significant policies (see Table 8.6). In particular, women in West Virginia would benefit from mandated cover-

age of screenings for osteoporosis and inpatient care after mastectomies (see also Health Care Resources for West Virginia Women).

9. Conclusions and Policy Recommendations



West Virginia women's status is, on average, lower than women's status in the rest of the United States. The state ranks in the middle third in reproductive rights and at or near the bottom of all states in the four other areas examined in this report (political participation, employment and earnings, social and economic autonomy, and health and well-being). In addition, because West Virginia is primarily a rural state, many women experience important obstacles to their access to crucial political, economic, and social resources. West Virginia women's status can be improved by focusing on several key issues and implementing some crucial policy changes in the state.

Delivery of Social Services

Access to social services is a key issue for many West Virginia women, especially in rural areas or in low-income communities. To improve delivery of social services, the following recommendations should be implemented:

- ◆ The state should restore full funding for domestic violence shelters and prevention programs and provide adequate funding for public libraries, schools, senior citizen centers, health departments, and other agencies that deliver services to West Virginia women.
- ◆ The use of computers to link services should be implemented wherever possible. Because this computer-based access requires service providers to enter information into databases and to help those using services access necessary information, service providers must have or be trained in computer and interpersonal skills.

We applaud efforts underway to place computers in public spaces, and we recommend continuing to place them in libraries, senior citizen centers,

community centers, city halls, courthouses, domestic violence shelters, health care settings, churches, and virtually everywhere West Virginia women may use them. The "Work for West Virginia" program is trying "one-stop shopping," which includes a computerized job-seeking process accessible in every school and library in the state. It is important to recognize, however, that not everyone is computer literate. Efforts to dispense information to those without access to computers, the Internet, fax machines, and other modern communications technology, or without the know-how to use them, must continue.

- ◆ We recommend the use of public broadcasting for disseminating vital information about services. Statewide cooperation with commercial radio stations for consistent and regularly scheduled announcements of job vacancies should be implemented.

Although some rural areas, because of distance and terrain, do not receive public radio, public broadcasting is a good way to get information to many West Virginia women. Morgantown Job Service's collaboration with WAJR radio, which broadcasts selected job openings each morning and publicizes Job Services, is a successful model of this idea.

- ◆ Service delivery agencies (both public and private) should consolidate transportation services to give women more access to transportation.

Delivering services to rural women is prohibitively expensive for many state and private agencies. To solve this problem, these agencies must adopt a client-centered (and usually a woman-centered) service delivery collaboration. Multiple agencies, for example, provide some limited transportation services. Individual West Virginia women will have more access to transportation if they are able to use any agency's van. The Beckley and Lewisburg

“Work for West Virginia” programs are models of such collaboration, since their goal is to put rehabilitation, job service, unemployment compensation, and adult education programs in one building.

- ◆ Communities should identify and publicize public buildings such as public libraries, town halls, senior centers, national guard armories, churches, and volunteer fire department buildings as recognized community centers where groups can meet and social service agencies can deliver services to West Virginia women. Access to these centers should be affordable, available on evenings and weekends, and handi-capped-accessible.

The small community schools that used to function as comprehensive community centers have disappeared as economies of scale have led to consolidated schools. Closing these community schools deprives communities of public places where people can gather and where services can be provided.

- ◆ Programs that address the specific needs of the state’s elderly population, including caregiving and access to services, should be implemented.

The care of elderly relatives in West Virginia falls almost entirely on women. In-home caregivers must overcome lack of transportation to health care facilities, nutrition sites, educational programs, and wellness-centered activities in senior centers, as well as a lack of locally available hospital care. Being a family care provider to the elderly takes a tremendous personal and financial toll that can be addressed by public policy.

- ◆ The state should work to reduce women’s poverty by implementing welfare reform programs that continue to provide a range of important support services, such as education and learning opportunities, while still providing a basic safety net for those who earn very low wages or cannot work.

West Virginia currently lacks a few key policies that could help low-income women: allowing at least 24 months before requiring participation in work activities under TANF, providing transitional child care under TANF for more than 12 months, and offering a state Earned Income Tax Credit. By adopting them, the state could improve low-income women’s status.

Education

- ◆ Any computers placed in diverse locations such as public libraries, churches, schools, senior citizen centers, domestic violence shelters, and other locations for social services and employment information delivery should also be available for distance learning delivery. In addition, trained instructors should be available at each site to help students with using the technology and with course content.

The potential for delivery of education by means of technologies such as the Internet, satellite systems, and public television is great. For sophisticated learners, these offer great opportunities of access to education. These delivery systems require substantial investments, however, in technology, faculty time, and other resources to prepare courses; payment for satellite time; and facilities for broadcasting and receiving satellite signals. To use distance learning, many students need access to distance learning sites or computers.

- ◆ The cost of tuition and fees limits educational access for low-income West Virginia women. West Virginia should implement a statewide system of community colleges that would deliver community and technical training to women within a reasonable commuting distance from their homes. In addition, all colleges and universities should provide safe child care for all hours when parents attend classes.

The state must constantly think of ways to increase the percentage of women getting post-secondary education or training. The PROMISE scholarship holds the potential to increase women’s college-going rate.

Economic Self-Sufficiency

This report estimates that 37.1 percent of people in West Virginia live below a basic self-sufficiency level of \$26,300 per year for a family of three with two children. The amount of money needed for self-sufficiency also varies across the state: for example, West Virginia's Self-Sufficiency Standard Project estimates that one adult with a preschooler and one school-aged child needs to earn at least \$12.37 per hour for full-time work in Fayette County, compared with a minimum wage of \$5.15 per hour; in Monongalia County (where West Virginia University is located, an institution that pays relatively high wages), the same family needs \$19.68 per hour. By comparison, this family would need \$18.20 per hour in neighboring Marion County and \$13.75 per hour in Marshall County (Pearce and Brooks, 2002).

Improving women's economic status in West Virginia requires that efforts to create jobs in the private and public sectors—and to encourage entrepreneurship—set a goal of self-sufficiency in wages.

- ◆ Public monies and tax credits should be limited to businesses and nonprofits that pay a self-sufficient wage. Each public and private social service, economic development, and job creation activity should have a goal of providing a self-sufficient wage, and measures of agency effectiveness should be based on helping families attain this standard of living. Each unit of government—state, local, and national—should develop plans to raise all employee compensation to a self-sufficiency standard. Private entities should do business only with employers that provide a self-sufficient wage.
- ◆ The West Virginia tax code should be thoroughly examined to analyze how state, county, and city budgets can be changed to specifically encourage women-led entrepreneurship, business startups, and small businesses.

Many of West Virginia's state policies are detrimental to women in business. The Business and Occupation (B&O) tax is an example. Because of the state's tax structure, cities must rely heavily on B&O taxes to support city budgets. Cities lose revenue from B&O taxes, however, because businesses outside city boundaries are exempt, even though these businesses may be heavy users of city services. In contrast, many women who get into business start small enterprises in downtown commercial districts. These women entrepreneurs are taxed at higher rates than larger businesses outside city limits.

- ◆ More microenterprise tax credit should be made available and specifically targeted at women through both public and private sources.

Women who own small businesses often need access to small, short-term loans. West Virginia banks are currently highly consolidated, primarily because of recent bank mergers. The larger and non-locally based banks often fail to serve local community needs.

- ◆ Wage and hour laws for workers should be vigorously enforced so that working women receive adequate and just compensation and benefits. Again, no state resources, including tax credits, industrial park development, and infrastructure improvements, should be targeted to benefit businesses that do not pay wages at a self-sufficiency level for their employees.

Thanks in part to low levels of educational attainment and poor economic development, West Virginia women tend to be employed in low-wage, low-benefit, service jobs. Recently, West Virginia gave Wal-Mart, the state's largest employer and a generally low-wage employer, more than \$15 million in tax credits to build stores across the state. This support of a large corporate entity is likely to harm family-owned and often women-owned businesses. It is also not likely to produce adequate-wage or living-wage jobs for most employees.

Political Participation

One of the surprising findings of this report is the low levels of political participation among West Virginia’s women. Grassroots campaigns are frequently active in local areas and at the state level. These deal with specific issues such as the environment, hate crimes, domestic violence, and, in 2002 the debate about whether to raise and enforce legal weight limits for coal trucks. Clearly, West Virginians care about issues that affect the future of the state. Clearly, they know how to organize to make their voices heard. They express opinions through businesses and labor organizations, clubs, and churches.

What seems to be missing is a feeling that a vote at the ballot box or candidacy for public office makes a difference. West Virginia’s political parties and Secretary of State’s office need to work to encourage people to express their opinions at the ballot box and to register to vote. West Virginia has already made several good faith efforts to encourage voter registration. State laws, such as a “motor voter” registration, registration at the Department of Health and Human Resources, and registration at other convenient places, simplify voter registration.

These services need to be supplemented by more active “get out the vote” activities, so that new voters become involved and vote.

- ◆ Efforts to increase women’s voter participation and political candidacies should be implemented through the state government, nonprofit advocacy organizations, and political parties.
- ◆ West Virginia’s media also need to expand their coverage of local government and political issues, so that voters can more easily access information about complex issues such as the economy or the environment.
- ◆ West Virginia also needs to increase the number of women on appointed boards, commissions, committees, and other non-elective policy bodies to give West Virginia women greater motivation to participate in the political process.

All of these recommendations address crucial situations affecting West Virginia women. Instituting a blue-ribbon panel—as described in the preface—is a key first step to addressing them. It is clear that, if the state is to progress, women must progress. It will not be cheap. It will take time. But now is the time to start.

The West Virginia Advisory Committee

Appendices



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Appendix I: Basic Demographics

This Appendix includes data on different populations within West Virginia. Statistics on age, the sex ratio, and the elderly female population are presented, as are the distribution of women by race and ethnicity and family type, as well as information on women in prisons. These data present an image of the state's female population and can be used to provide insight on the topics covered in this report. For example, compared with the United States as a whole, West Virginia has an older population; much smaller proportions of African American, Hispanic, Asian American, Native American, and foreign-born women; and a considerably lower proportion of women living in urban areas. Demographic factors have implications for the location of economic activity, the types of jobs available, market growth, and the types of public services needed.

West Virginia is a small state in population, ranking 37th among all the states. There were less than a million women of all ages in West Virginia in 2000 (see Appendix Table 1.1). Between 1990 and 2000, the population of West Virginia grew by 0.8 percent, substantially less than the growth of the nation as a

whole (13.1 percent; U.S. Department of Commerce, Bureau of the Census, 2001b). Within its region, West Virginia's population growth rate is the second lowest, ahead of only the District of Columbia (where the population declined by 5.7 percent).

Non-Hispanic white women make up a much larger share of the female population in West Virginia than in the United States as a whole, at 94.7 percent versus 69.3 percent. Of all the racial and ethnic groups in West Virginia, the next largest group, African American women, constitutes a proportion substantially lower than the national average (3.0 percent versus 12.4 percent). Other racial and ethnic groups combined make up just 2.2 percent of the female population in West Virginia, 16.1 percentage points lower than in the rest of the United States.

The proportions of married and widowed women in West Virginia are higher than in the country as a whole, while the proportions of divorced and single women are lower. The proportion of single-person households is larger in West Virginia than in the

nation as a whole (27.1 percent versus 25.8 percent). The proportion of married-couple households is also higher than the national average (54.0 percent versus 51.7 percent). The proportion of female-headed

families in West Virginia is lower (10.7 versus 12.2 percent). The remaining family types have smaller proportions than in the nation as a whole. Families with children under age 18 that are headed by

Appendix Table 1.1
Basic Demographic Statistics for West Virginia and the United States

	West Virginia	United States
Total Population, 2000^a	1,808,344	281,421,906
Number of Women, All Ages, 2000 ^a	929,174	143,368,343
Sex Ratio (women to men, aged 18 and older), 2000 ^a	1.1	1.1
Median Age of All Women, 1999 ^b	40.2	36.6
Proportion of Women Over Age 65, 2000 ^a	17.7%	14.4%
Distribution of Women by Race and Ethnicity, All Ages, 2000^c		
White*	94.7%	69.3%
African American*	3.0%	12.4%
Hispanic**	0.6%	12.0%
Asian American*	0.5%	3.8%
Native American*	0.2%	0.7%
Other Race*	0.1%	0.2%
Two or More Races*	0.8%	1.6%
Distribution of Households by Type, 2000^a		
Total Number of Family and Nonfamily Households	736,481	105,480,101
Married-Couple Families (with and without their own children)	54.0%	51.7%
Female-Headed Families (with and without their own children)	10.7%	12.2%
Male-Headed Families (with and without their own children)	3.7%	4.2%
Nonfamily Households: Single-Person Households	27.1%	25.8%
Nonfamily Households: Other	4.5%	6.1%
Distribution of Women Aged 15 and Older by Marital Status, 2000^d		
Married	57.3%	54.3%
Single	19.0%	24.4%
Widowed	13.3%	10.2%
Divorced	10.4%	11.1%
Number of Lesbian Unmarried Partner Households, 2000^e	1,422	293,365
Proportion of Women Aged 21-64 with a Disability, 2001^f	20.4%	13.9%
Percent of Families with Children Under Age 18 Headed by Women, 2000^c	18.9%	20.6%
Proportion of Women Living in Metropolitan Areas, All Ages, 1990^g	52.5%	83.1%
Proportion of Women Who Are Foreign-Born, All Ages, 1990^g	1.0%	7.9%
Percent of Federal and State Prison Population Who Are Women, 2000^h	7.9%	6.6%

* Non-Hispanic.

** Hispanics may be of any race.

Source: ^a U.S. Department of Commerce, Bureau of the Census, 2001b; ^b U.S. Department of Commerce, Bureau of the Census, 2000b; ^c U.S. Department of Commerce, Bureau of the Census, 2002a; ^d U.S. Department of Commerce, Bureau of the Census, 2001e; ^e Smith and Gates, 2001; ^f U.S. Department of Commerce, Bureau of the Census, 2001c; ^g Population Reference Bureau, 1993; ^h U.S. Department of Justice, Bureau of Justice Statistics, 2001.

Compiled by the Institute for Women's Policy Research.

women constitute 18.9 percent of all families with children in West Virginia, a smaller proportion than the 20.6 percent nationwide. In 2000, 1,422 lesbian unmarried partner households were reported in West Virginia, with a total of 293,365 nationwide.

West Virginia is a rural state. Its proportion of women living in metropolitan areas is substantially lower than in the nation overall (52.5 percent compared with 83.1 percent). The percent of West Virginia's prison population that is female is higher

than the national average. West Virginia had a much smaller foreign-born female population than the United States as a whole in 1990 (1.0 percent compared with 7.9 percent; while 2000 numbers for foreign-born women were not yet available for this writing, 1.1 percent of all West Virginia residents and 11.1 percent of United States residents were foreign-born in 2000). West Virginia's proportion of women aged 21-64 with a disability is much higher than in the nation overall, at 20.4 percent compared with 13.9 percent.

Appendix II: Methodology, Terms, and Sources for Chart 2.1 (the Composite Indices and Grades)

Composite Political Participation Index

This composite index reflects four areas of political participation: voter registration; voter turnout; women in elected office, including state legislatures, statewide elected office, and positions in the U.S. Congress; and institutional resources available for women (such as a commission for women or a legislative caucus).

To construct this composite index, each of the component indicators was standardized to remove the effects of different units of measurement for each state's score on the resulting composite index. Each component was standardized by subtracting the mean value for all 50 states from the observed value for a state and dividing the difference by the standard deviation for the United States as a whole. The standardized scores were then given different weights. Voter registration and voter turnout were each given a weight of 1.0. The indicator for women in elected office is itself a composite reflecting different levels of office-holding and was given a weight of 4.0 (in the first two series of reports, published in 1996 and 1998, this indicator was given a weight of 3.0, but since 2000 it has been weighted at 4.0). The last component indicator, women's institutional resources, is also a composite of scores indicating the presence or absence of each of two resources: a commission for women and a women's legislative caucus. It received a weight of 1.0. The resulting weighted, standardized values for each of the four component indicators were summed for each state to create a composite score. The states were then ranked from the highest to the lowest score.

To grade the states on this composite index, values for each of the components were set at desired levels to produce an "ideal score" (see Appendix Chart 2.1). Women's voter registration and voter turnout were each set at the value of the highest state for these components; each component of the composite index for women in elected office was set as if 50 percent of elected officials were women; and scores for institutional resources for women assumed the ideal state had both a commission for women and a women's legislative caucus in each house of the state legislature. Each state's score was then compared with the ideal score to determine its grade.

Women's Voter Registration: This component indicator is the average percent (for the presidential and congressional elections of 2000 and 1998) of all women aged 18 and older (in the civilian noninstitutionalized population) who reported registering. Source: U.S. Department of Commerce, Bureau of the Census, 2000c and 2002c, based on the Current Population Survey.

Women's Voter Turnout: This component indicator is the average percent (for the presidential and congressional elections of 2000 and 1998) of all women aged 18 and older (in the civilian noninstitutionalized population) who reported voting. Source: U.S. Department of Commerce, Bureau of the Census, 2000c and 2002c, based on the Current Population Survey.

Women in Elected Office: This composite indicator is based on a methodology developed by the Center for Policy Alternatives (1995). It has four components and reflects office-holding at the state and national levels as of April 2002. For each state, the proportion of office-holders who are women was computed for four levels: state representatives; state senators; statewide elected executive officials and U.S. Representatives; and U.S. Senators and governors. The percents were then converted to scores that ranged from 0 to 1 by dividing the observed value for each state by the highest value for all states. The scores were then weighted according to the degree of political influence of the position: state representatives were given a weight of 1.0, state senators were given a weight of 1.25, statewide executive elected officials (except governors) and U.S. Representatives were each given a weight of 1.5, and U.S. Senators and state governors were each given a weight of 1.75. The resulting weighted scores for the four components were added to yield the total score on this composite for each state. The highest score of any state for this composite office-holding indicator is 4.28. These scores were then used to rank the states on the indicator for women in elected office. Source: Data were compiled by IWPR from several sources, including the Center for American Women and Politics, 2002a, 2002b, 2002c, and 2002d; Council of State Governments, 2000.

Appendix Chart 2.1 Criteria for Grading

Index	Criteria for a Grade of "A"	Highest Grade, U.S.
Composite Political Participation Index		B
Women's Voter Registration	Women's Voter Registration, Best State (91.1%)	
Women's Voter Turnout	Women's Voter Turnout, Best State (67.9%)	
Women in Elected Office Composite Index	50 Percent of Elected Positions Held by Women	
Women's Institutional Resources	Commission for Women and a Women's Legislative Caucus in Each House of State Legislature	
Composite Employment and Earnings Index		A-
Women's Median Annual Earnings	Men's Median Annual Earnings, United States (\$36,960)	
Ratio of Women's to Men's Earnings	Women Earn 100 Percent of Men's Earnings	
Women's Labor Force Participation	Men's Labor Force Participation, United States (74.7%)	
Women in Managerial and Professional Occupations	Women in Managerial and Professional Occupations, Best State (48.0%)	
Composite Social and Economic Autonomy Index		B+
Percent of Women with Health Insurance	Percent of Women with Health Insurance, Best State (94.0%)	
Women's Educational Attainment	Men's Educational Attainment (percent with four years or more of college, United States; 24.0%)	
Women's Business Ownership	50 Percent of Businesses Owned by Women	
Percent of Women Above Poverty	Percent of Men Above Poverty, Best State (94.9%)	
Composite Reproductive Rights Index	Presence of All Relevant Policies and Resources (see Chart 7.1 Panel B)	A
Composite Health and Well-Being Index	Best State or Goals Set by Healthy People 2010 (U.S. Department of Health and Human Services) for All Relevant Indicators (see Appendix II for details)	A-

Calculated by the Institute for Women's Policy Research.

Women’s Institutional Resources: This indicator measures the number of institutional resources for women available in the state from a maximum of two, including a commission for women (established by legislation or executive order) and a legislative caucus for women (organized by women legislators in either or both houses of the state legislature). States receive 1.0 point for each institutional resource present in their state, although they can receive partial credit if a bipartisan legislative caucus does not exist in both houses. States receive a score of 0.25 if informal or partisan meetings are held by women legislators in either house, 0.5 if a formal legislative caucus exists in one house but not the other, and 1.0 if a formal legislative caucus is present in both houses or the legislature is unicameral. Source: National Association of Commissions for Women, 2000, and Center for American Women and Politics, 1998, updated by IWPR.

Composite Employment and Earnings Index

This composite index consists of four component indicators: median annual earnings for women, the ratio of the earnings of women to the earnings of men, women’s labor force participation, and the percent of employed women in managerial and professional specialty occupations.

To construct this composite index, each of the four component indicators was first standardized. For each of the four indicators, the observed value for the state was divided by the comparable value for the entire United States. The resulting values were summed for each state to create a composite score. Each of the four component indicators has equal weight in the composite. The states were ranked from the highest to the lowest score.

To grade the states on this composite index, values for each of the components were set at desired levels to produce an “ideal score.” Women’s earnings were set at the median annual earnings for men in the United States as a whole; the wage ratio was set at 100 percent, as if women earned as much as men; women’s labor force participation was set at the national number for men; and women in managerial and professional positions was set at the highest score

for all states. Each state’s score was then compared with the ideal score to determine the state’s grade.

Women’s Median Annual Earnings: Median yearly earnings (in 2000 dollars) of noninstitutionalized women aged 16 and older who worked full-time, year-round (more than 49 weeks during the year and more than 34 hours per week) in 1998, 1999, and 2000. Earnings were converted to constant dollars using the Consumer Price Index, and the median was selected from the merged data file for all three years. Three years of data were used in order to ensure a sufficiently large sample for each state; the data are referred to as 1999 data, the midpoint of the three years analyzed. The sample size for women ranges from 560 in Rhode Island to 5,174 in California; for men, the sample size ranges from 685 in the District of Columbia to 7,906 in California. In West Virginia, the sample size was 610 for women and 884 for men. These earnings data have not been adjusted for cost-of-living differences between the states because the federal government does not produce an index of such differences. Source: IWPR calculations of the 1999-2001 Annual Demographic Files (March) from the Current Population Survey, for the 1998-2000 calendar years; IWPR, 2001b.

Ratio of Women’s to Men’s Earnings: Median yearly earnings (in 2000 dollars) of noninstitutionalized women aged 16 and older who worked full-time, year-round (more than 49 weeks during the year and more than 34 hours per week) in 1998-2000 divided by the median yearly earnings (in 2000 dollars) of noninstitutionalized men aged 16 and older who worked full-time, year-round (more than 49 weeks during the year and more than 34 hours per week) in 1998-2000. See the description of women’s median annual earnings above for a more detailed description of the methodology and for sample sizes. Source: IWPR calculations of the 1999-2001 Annual Demographic Files (March) from the Current Population Survey, for the 1998-2000 calendar years; IWPR, 2001b.

Women’s Labor Force Participation (proportion of the adult female population in the labor force): Percent of civilian noninstitutionalized women aged 16 and older who were employed or looking for work (in 2000). This includes those employed full-time, part-time voluntarily or part-time involuntarily

ly, and those who are unemployed. Source: U.S. Department of Labor, Bureau of Labor Statistics, 2002 (based on the Current Population Survey).

Women in Managerial and Professional Occupations: Percent of civilian noninstitutionalized women aged 16 and older who were employed in executive, administrative, managerial, or professional specialty occupations (in 1999). Source: U.S. Department of Labor, Bureau of Labor Statistics, 2001a (based on the Current Population Survey).

Composite Social and Economic Autonomy Index

This composite index reflects four aspects of women's social and economic well-being: access to health insurance, educational attainment, business ownership, and the percent of women above the poverty level.

To construct this composite index, each of the four component indicators was first standardized. For each indicator, the observed value for the state was divided by the comparable value for the United States as a whole. The resulting values were summed for each state to create a composite score. To create the composite score, women's health insurance coverage, educational attainment, and business ownership were given a weight of 1.0, while poverty was given a weight of 4.0 (in the first three series of reports, published in 1996, 1998, and 2000, this indicator was given a weight of 1.0, but in 2002 IWPR began weighting it at 4.0). The states were ranked from the highest to the lowest score.

To grade the states on this composite index, values for each of the components were set at desired levels to produce an "ideal score." The percentage of women with health insurance was set at the highest value for all states; the percentage of women with higher education was set at the national value for men; the percentage of businesses owned by women was set as if 50 percent of businesses were owned by women; and the percentage of women in poverty was set at the national value for men. Each state's score was then compared with the ideal score to determine its grade.

Percent with Health Insurance: Percent of civilian noninstitutionalized women from ages 18 through 64 who are insured. The state-by-state percents are based on the 2001 Annual Demographic Files (March) from the Current Population Survey, for calendar year 2000. Respondents are asked whether they had insurance from a variety of different sources during the previous year. They are counted as uninsured if they did not have health insurance for the entire year 2000. Because respondents are asked to report about all sources of insurance over the past year, some report insurance from more than one source. It is impossible to determine whether they had had more than one type simultaneously or changed sources of insurance over the course of the year. In 2001, the CPS included an expanded sample to improve state estimates of uninsured children. The expanded sample was not used in these estimates, however, because it was not yet available. Source: Employee Benefit Research Institute, 2001.

Educational Attainment: In 1989, the percent of women aged 25 and older with four or more years of college. Source: Population Reference Bureau, 1993, based on the Public Use Microdata Sample of the 1990 Census of Population.

Women's Business Ownership: In 1997, the percent of all firms (legal entities engaged in economic activity during any part of 1997 that filed an IRS Form 1040, Schedule C; 1065; any 1120; or 941) owned by women. This indicator includes five legal forms of organization: C corporations (any legally incorporated business, except subchapter S, under state laws), Subchapter S corporations (those with fewer than 75 shareholders who elect to be taxed as individuals), individual proprietorships (including self-employed individuals), partnerships, and others (a category encompassing cooperatives, estates, receiverships, and businesses classified as unknown legal forms of organization). The Bureau of the Census determines the sex of business owners by matching the social security numbers of individuals who file business tax returns with Social Security Administration records providing the sex codes indicated by individuals or their parents on their original applications for social security numbers. For partnerships and corporations, a business is clas-

sified as women-owned based on the sex of the majority of the owners. Source: U.S. Department of Commerce, Bureau of the Census, 2001f, based on the 1997 Economic Census.

Percent of Women Above Poverty: In 1998-2000, the percent of women living above the official poverty threshold, which varies by family size and composition. The average percent of women above the poverty level for the three years is used; three years of data ensure a sufficiently large sample for each state. In 1999, the poverty level for a family of four (with two children) was \$17,463 (in 2000 dollars). Source: IWPR calculations of the 1999-2001 Annual Demographic Files (March) from the Current Population Survey for the calendar years 1998-2000; IWPR, 2001b.

Composite Reproductive Rights Index

This composite index reflects a variety of indicators of women's reproductive rights. These include access to abortion services without mandatory parental consent or notification laws for minors; access to abortion services without a waiting period; public funding for abortions under any circumstances if a woman is income eligible; percent of women living in counties with at least one abortion provider; whether the governor and state legislature are pro-choice; existence of state laws requiring health insurers to provide coverage of contraceptives; policies that mandate insurance coverage of infertility treatments; whether second-parent adoption is legal for gay/lesbian couples; and mandatory sex education for children in the public school system.

To construct this composite index, each component indicator was rated on a scale of 0 to 1 and assigned a weight. The notification/consent and waiting period indicators were each given a weight of 0.5. The indicators of public funding for abortions, pro-choice government, women living in counties with an abortion provider, and contraceptive coverage were each given a weight of 1.0. The infertility coverage law and gay/lesbian adoption law were each given a weight of 0.5. Finally, states were given 1.0 point if they mandate sex education for students. The weighted scores for each component indicator were summed to arrive at the value of the composite

index score for each state. The states were ranked from the highest to the lowest score.

To grade the states on this composite index, values for each of the components were set at desired levels to produce an "ideal score." An "ideal state" was assumed to have no notification/consent or waiting period policies, public funding for abortion, pro-choice government, 100 percent of women living in counties with an abortion provider, insurance mandates for contraceptive coverage and infertility coverage, maximum legal guarantees of second-parent adoption, and mandatory sex education for students. Each state's score was then compared with the resulting ideal score to determine its grade.

Mandatory Consent: States received a score of 1.0 if they allow minors access to abortion without parental consent or notification. Mandatory consent laws require that minors gain the consent of one or both parents before a physician can perform the procedure, while notification laws require they notify one or both parents of the decision to have an abortion. Source: NARAL and NARAL Foundation, 2002.

Waiting Period: States received a score of 1.0 if they allow a woman to have an abortion without a waiting period. Such legislation mandates that a physician cannot perform an abortion until a certain number of hours after notifying the woman of her options in dealing with a pregnancy. Source: NARAL and NARAL Foundation, 2002.

Restrictions on Public Funding: If a state provides public funding for abortions under most circumstances for women who meet income eligibility standards, it received a score of 1.0. Source: NARAL and NARAL Foundation, 2002.

Percent of Women Living in Counties with at Least One Abortion Provider: States were given a scaled score ranging from 0 to 1, with states with 100 percent of women living in counties with abortion providers receiving a 1. Source: Henshaw, 1998.

Pro-Choice Governor or Legislature: This indicator is based on NARAL's assessment of whether governors and legislatures would support a ban or

restrictions on abortion. Governors and legislatures who would support restrictions on abortion rights are considered anti-choice, and those who would oppose them are considered pro-choice. Each state received 0.33 points per pro-choice governmental body—governor, upper house and lower house—up to a maximum of 1.0 point. Those governors and legislatures with mixed assessments received half credit. Source: NARAL and NARAL Foundation, 2001.

Contraceptive Coverage Laws: Whether a state has a law or policy requiring that health insurers who provide coverage for prescription drugs extend coverage for FDA-approved contraceptives (e.g., drugs and devices) and related medical services, including exams and insertion/removal treatments. States received a score of 1.0 if they mandate full contraceptive coverage. They received a score of 0.5 if they mandate partial coverage, which may include mandating that insurance companies offer at least one insurance package covering some or all birth control prescription methods or requiring insurers with coverage for prescription drugs to cover oral contraceptives. Source: The Alan Guttmacher Institute, 2002a.

Coverage of Infertility Treatments: States mandating that insurance companies provide coverage of infertility treatments received a score of 1.0, while states mandating that insurance companies offer policyholders at least one package with coverage of infertility treatments received a score of 0.5. Source: Plaza, 2001a.

Same-Sex Couples and Adoption: Whether a state allows gays and lesbians the option of second-parent adoption, which occurs when a nonbiological parent in a couple adopts the child of his or her partner. At the state level, courts and/or legislatures have upheld or limited the right to second-parent adoption among gay and lesbian couples. States were given 1.0 point if the state supreme court has prohibited discrimination against these couples in adoption, 0.75 if an appellate or high court has, 0.5 if a lower court has approved a petition for second-parent adoption, 0.25 if a state has no official position on the subject, and no points if the state has banned second-parent adoption. Source: National Center for Lesbian Rights, 2001.

Mandatory Sex Education: States received a score of 1.0 if they require public middle, junior, or high schools to provide sex education classes. Source: The Alan Guttmacher Institute, 2002b.

Composite Health and Well-Being Index

This composite index includes nine measures of women's physical and mental health: mortality from heart disease, mortality from lung cancer, mortality from breast cancer, incidence of diabetes, incidence of chlamydia, incidence of AIDS, prevalence of poor mental health, mortality from suicide, and mean days of activity limitations. To construct the composite index, each of the component indicators was converted to scores ranging from 0 to 1 by dividing the observed value for each state by the highest value for all states. Each score was then subtracted from 1 so that high scores represent lower levels of mortality, poor health, or disease. Scores were then given different weights. Mortality from heart disease was given a weight of 1.0. Lung and breast cancer were each given a weight of 0.5. Incidence of diabetes, chlamydia, and AIDS were each given a weight of 0.5. Mean days of poor mental health and women's mortality from suicide were given a weight of 0.5. Activity limitations were given a weight of 1.0. The resulting values for each of the component indicators were summed for each state to create a composite score. The states were then ranked from the highest to the lowest score.

To grade the states on this composite index, values for each of the components were set at desired levels to produce an "ideal score." Mortality rates from heart disease, lung cancer, and breast cancer were set according to national goals for the year 2010, as determined by the U.S. Department of Health and Human Services under the Healthy People 2010 program (U.S. Department of Health and Human Services, Public Health Service, 2000). For heart disease and breast cancer, this entailed a 20 percent decrease from the national number. For lung cancer, it entailed a 22 percent decrease from the national number. For incidence of diabetes, chlamydia and AIDS and mortality from suicide, the Healthy People 2010 goals are to achieve levels that are "better than the best," and thus the ideal score was set at

the lowest rate for each indicator among all states. In the absence of national objectives, mean days of poor mental health and mean days of activity limitations were also set at the lowest level among all states. Each state's score was then compared with the ideal score to determine the state's grade.

Mortality from Heart Disease: Average annual mortality from heart disease among all women per 100,000 population (in 1996-98). Data are age-adjusted to the 2000 total U.S. population. Source: National Center for Health Statistics, 2001a.

Mortality from Lung Cancer: Average mortality among women from lung cancer per 100,000 population (in 1996-98). Data are age-adjusted to the 2000 U.S. standard population. Source: National Center for Health Statistics, 2001a.

Mortality from Breast Cancer: Average mortality among women from breast cancer per 100,000 population (in 1996-98). Data are age-adjusted to the 2000 U.S. standard population. Source: National Center for Health Statistics, 2001a.

Percent of Women Who Have Ever Been Told They Have Diabetes: As self-reported by female respondents in the Behavioral Risk Factor Surveillance System (BRFSS) survey in 2000. The Centers for Disease Control and Prevention conduct BRFSS in conjunction with the states among men and women at least 18 years of age. Source: Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, 2001.

Incidence of Chlamydia: Average rate of chlamydia among women per 100,000 population (2000).

Source: Centers for Disease Control, National Center for HIV, STD, and TB Prevention, Division of STD Prevention, 2001.

Incidence of AIDS: Average incidence of AIDS-indicating diseases among females aged 13 years and older per 100,000 population (in 2000). Source: Centers for Disease Control and Prevention, National Center for HIV, STD, and TB Prevention, 2001.

Poor Mental Health: Mean number of days in the past 30 days on which mental health was not good, as self-reported by female respondents in the BRFSS survey in 2000. The Centers for Disease Control and Prevention conduct BRFSS in conjunction with the states among men and women at least 18 years of age. Source: Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, 2001.

Mortality from Suicide: Average annual mortality from suicide among all women per 100,000 population (in 1996-98). Data are age-adjusted to the 2000 total U.S. population. Source: Centers for Disease Control and Prevention, National Center for Injury Prevention and Control, 2001.

Mean Days of Activity Limitations: Mean number of days in the past 30 days on which activities were limited due to health status, as self-reported by female respondents in the BRFSS survey in 2000. The Centers for Disease Control and Prevention conduct BRFSS in conjunction with the states among men and women at least 18 years of age. Source: Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, 2001.

Appendix III: Sources for Chart 3.1 (Women's Resources and Rights Checklist)

Violence Against Women

Separate Offense: States are given a "yes" if they classify domestic violence as an offense separate from general assault and battery or otherwise complement assault and battery laws with domestic violence statutes. These laws or provisions provide enhanced penalties for repeat offenders and help ensure equal treatment for victims of domestic violence. Sources: Institute for Law and Justice, 1999, 2000, and 2001.

Domestic Violence Training: Whether the state has adopted a statute requiring police recruits and health care professionals to undergo training about domestic violence. Sources: Family Violence Prevention Fund, 2001; Institute for Law and Justice, 1999, 2000, and 2001.

Insurance Mandates for Domestic Violence Victims: Whether a state has banned insurance companies from denying coverage to victims of domestic violence. Source: Family Violence Prevention Fund, 2001.

Stalking Offense Status: Whether a state classifies a first offense for stalking as a felony. Sources: Institute for Law and Justice, 1999, 2000, and 2001.

Sexual Assault Training: Whether a state has adopted a legislative requirement mandating sexual assault training for police, prosecutors, and health care professionals. Source: Family Violence Prevention Fund, 2001; Institute for Law and Justice, 1999, 2000, and 2001.

Child Support

Single-Mother Households Receiving Child Support or Alimony: A single-mother household is defined as a family headed by an unmarried woman with one or more of her own children (by birth, marriage, or adoption). Such a family is counted as receiving child support or alimony if it received full or partial payment of child support or alimony during the past year (Annie E. Casey Foundation, 2001). Figures are based on an average of data from the Current Population Survey for 1997-99. Source: Annie E. Casey Foundation, 2001.

Cases with Collection: A case is counted as having a collection if as little as one cent is collected during the year. These figures include data on child support for all family types. Source: U.S. Department of Health and Human Services, Administration for Children and Families, 2000b.

Welfare and Poverty Policies

Child Exclusion/Family Caps: Whether a state extends TANF benefits to children born or conceived while a mother receives welfare. Many states have adopted a prohibition on these benefits, sometimes called a "family cap." Sources: Welfare Information Network, 2001; Welfare Information Network, et al., 2001.

Time Limits: States may not use federal funds to assist families with an adult who has received federally funded assistance for 60 months or more. They can set lower time limits, however. States that allow welfare recipients to receive benefits for the maximum allowable time or more are indicated by "yes." Sources: Welfare Information Network, 2001; Welfare Information Network, et al., 2001.

Work Requirements: What constitutes work activities is a contentious issue at both the state and federal levels. State policies concerning these issues continue to evolve and are subject to caseworker discretion. This report uses each state's self-reported policy to identify which states require immediate work activities and which allow recipients time before they lose benefits. Those states that allow at least 24 months are indicated as "yes." To receive the full amount of their block grants, states must demonstrate that a specific portion of their TANF caseload is participating in activities that meet the federal definition of work. In fiscal year 2002, states must demonstrate that 50 percent of their TANF caseload is engaged in work. PRWORA also restricts the amount of a caseload that may be engaged in basic education or vocational training to be counted in the state's work participation figures and allows job training to count as work only for a limited period of time for any individual. Sources: Welfare Information Network, 2001; Welfare Information Network, et al., 2001.

Transitional Child Care: Whether a state extends child care to families moving off welfare beyond a minimum of twelve months. Sources: Center for Law and Social Policy and Center for Budget and Policy Priorities, 2000; Welfare Information Network, 2001; Welfare Information Network, et al., 2001.

Family Violence Provisions in TANF Plans: States can provide exemptions to time limits and other policies to victims of domestic violence under the Family Violence Option. This measure indicates whether a state has opted for certification or adopted other language providing for victims of domestic violence. Source: NOW Legal Defense and Education Fund, 2001.

Earnings Disregards: States are given leeway in determining how much of a low-income worker's earnings to disregard in determining eligibility for welfare reciprocity. States that disregard at least 50 percent of low-income workers' earnings are indicated by a "yes." Sources: Welfare Information Network, 2001; Welfare Information Network, et al., 2001.

Size of TANF Benefit: Maximum monthly benefit received by TANF recipient families in a state (for a family of three with two children) in 2001. Sources: Welfare Information Network, 2001; Welfare Information Network, et al., 2001.

Earned Income Tax Credit: Whether a state has implemented a state EITC for low-income families. Source: Johnson, 2001.

Employment/Unemployment Benefits

Minimum Wage: States receive a "yes" if their state minimum wage rate as of January 2002 exceeded the federal rate. According to the Fair Labor Standards Act, the state minimum wage is controlling if it is higher than the federal minimum wage. A federal minimum wage increase was signed into law on August 20, 1996, and raised the federal standard to \$5.15 per hour on September 1, 1997. Source: U.S. Department of Labor, 2002.

Temporary Disability Insurance (TDI): In the five states with mandated Temporary Disability Insurance programs (California, Hawaii, New Jersey, New York, and Rhode Island), employees

and/or their employers pay a small percentage of the employee's salary into an insurance fund and, in return, employees are provided with partial wage replacement if they become ill or disabled, including by pregnancy and childbirth. Source: Hartmann, et al., 1995.

Access to Unemployment Insurance (UI) for Low-Wage Workers: In order to receive unemployment insurance, potential recipients must meet several eligibility requirements. Two of these are high quarter earnings and base period earnings requirements. The "base period" is a twelve-month period preceding the start of a spell of unemployment. This, however, excludes the current calendar quarter and often the previous full calendar quarter (this has serious consequences for low-wage and contingent workers who need to count more recent earnings to qualify). The base period criterion states that the individual must have earned a minimum amount during the base period. The high quarter earnings criterion requires that individuals earn a total reaching a specified threshold amount in one of the quarters within the base period. IWPR research has shown that women are less likely to meet the two earnings requirements than men are. They are more than twice as likely as men to be disqualified from receipt of unemployment insurance benefits because of these requirements (Yoon, Spalter-Roth, and Baldwin, 1995). States typically set eligibility standards for unemployment insurance and can enact policies that are more or less inclusive and more or less generous to claimants. For example, some states have implemented an "alternative base period," allowing the most recent earnings to count to the advantage of the claimant.

Since states have the power to decide who receives unemployment insurance benefits, some states set high requirements, thereby excluding many low earners. A state was scored "yes" if it was relatively generous to low earners, such that base period wages required were less than or equal to \$1,300 and high quarter wages required were less than or equal to \$800. If the base period wages required were more than \$2,000 or if high quarter wages required were more than \$1,000, the state was scored "no." "Sometimes" was defined as base period and high quarter wages that fell between the "yes" and "no" ranges. Source: U.S. Department of

Labor, Employment and Training Administration, Unemployment Insurance Service, 2001.

Access to Unemployment Insurance for Part-Time Workers: Only nine states and the District of Columbia allow unemployed workers seeking a part-time position to qualify for unemployment insurance. Source: National Employment Law Project, 2001.

Access to Unemployment Insurance for "Good Cause Quits": Twenty-two states offer unemployment insurance coverage for voluntary quits caused by a variety of circumstances, such as moving with a spouse, harassment on the job, or other situations. The specifics of which circumstances are considered "good cause" differ by state. Source: National Association of Child Advocates, 1998; National Employment Law Project, 2001.

Pay Equity: Pay equity, or comparable worth, remedies are designed to raise the wages of jobs that are undervalued at least partly because of the gender or race of the workers who hold those jobs. States that have these policies within their civil service system are marked as "yes." Source: National Committee on Pay Equity, 1997.

Family Leave Benefits

Proposed Use of Unemployment Insurance for Paid Family Leave: Recent initiatives in several states have advanced the idea of using unemployment insurance to provide benefits during periods of family leave (sometimes known as "Baby UI"). At the federal level, as of August 2000, the Department of Labor allowed states to provide partial wage replacement under the unemployment compensation program on a voluntary, experimental basis to parents who take leave or otherwise leave employment following the birth or adoption of a child. State legislatures must approve plans to use unemployment insurance in this fashion. Source: National Partnership for Women and Families, 2001a; Society for Human Resource Management, 2001.

Temporary Disability Insurance for Family Leave: In three states—Massachusetts, New Jersey, and New York—legislation has been introduced to cover periods of family leave under new or existing mandatory Temporary Disability Insurance programs. In September 2002, California amended its TDI program to include family leave with partial pay for up to six weeks. Source: National Partnership for Women and Families, 2001b.

Sexual Orientation and Gender

Civil Rights Legislation: Whether a state has passed a statute extending anti-discrimination laws to apply to discrimination on the basis of sexual orientation or gender identity. Source: National Gay and Lesbian Task Force Policy Institute, 2001a.

Same-Sex Marriage: Whether a state has avoided adopting a policy—statute, executive order, or other regulation—prohibiting same-sex marriage. Source: National Gay and Lesbian Task Force Policy Institute, 2001c.

Hate Crimes Legislation: Whether a state has established enhanced penalties for crimes perpetrated against victims due to their sexual orientation or gender identity. Source: National Gay and Lesbian Task Force Policy Institute, 2001b.

Reproductive Rights

For information on sources concerning these indicators, please see the section describing the Composite Reproductive Rights Index in Appendix II.

Institutional Resources

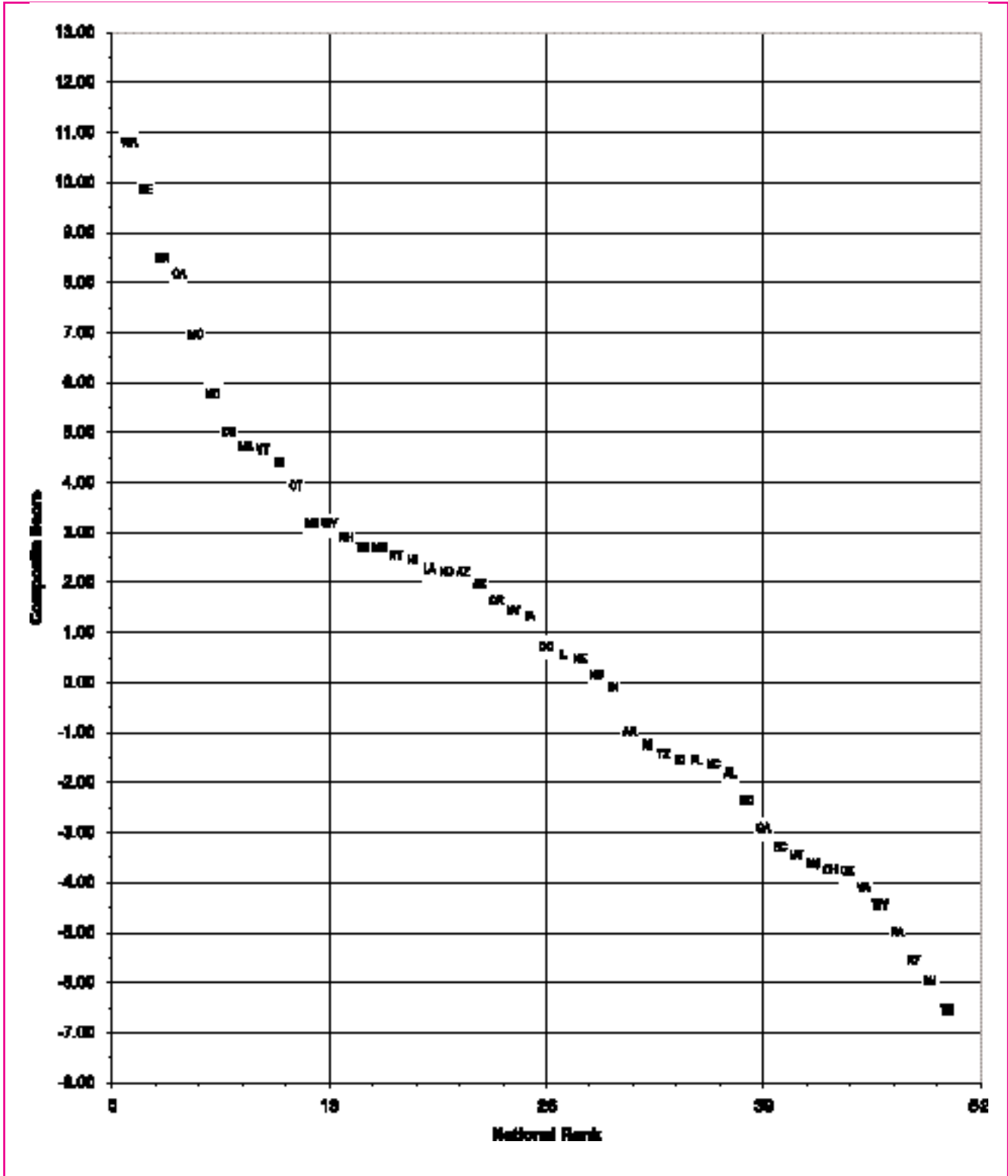
For information on sources concerning institutional resources, please see the section on institutional resources within the description of the Composite Political Participation Index in Appendix II.

Appendix IV: State-by-State Rankings on the Composite Indices and Their Components—Political Participation

State	Composite Index			Women in Elected Office Composite Index		Percent of Women Registered to Vote, 1998 and 2000		Percent of Women Who Voted, 1998 and 2000		Number of Institutional Resources Available to Women in the State	
	Score	Rank	Grade	Score	Rank	Percent	Rank	Percent	Rank	Score	Rank
Alabama	-2.18	37	D	0.94	44	75.0%	5	55.8%	12	1.25	20
Alaska	1.95	22	C	2.08	22	72.8%	12	60.5%	3	0.00	44
Arizona	2.21	21	C	3.33	4	54.2%	47	41.4%	50	0.00	44
Arkansas	-0.98	31	D+	2.03	23	63.9%	37	47.5%	36	0.50	41
California	8.18	4	B	3.87	2	53.6%	48	44.3%	44	2.00	1
Colorado	0.72	26	C-	2.12	21	67.8%	21	53.8%	18	0.25	42
Connecticut	3.93	11	C+	2.62	9	66.8%	27	50.6%	32	1.25	20
Delaware	5.01	7	C+	2.88	6	67.2%	25	51.5%	30	1.00	31
District of Columbia	n/a	n/a	n/a	n/a	n/a	72.0%	n/a	59.4%	n/a	n/a	n/a
Florida	-1.56	35	D	1.52	33	61.8%	44	46.9%	40	2.00	1
Georgia	-2.91	39	D	1.33	38	62.6%	40	43.7%	47	2.00	1
Hawaii	2.44	18	C	2.77	7	51.0%	50	43.9%	46	2.00	1
Idaho	-1.55	34	D	1.55	31	62.9%	39	52.0%	25	1.25	20
Illinois	0.56	27	C-	1.63	28	67.1%	26	52.0%	25	2.00	1
Indiana	-0.08	30	C-	1.55	31	66.8%	27	50.9%	31	2.00	1
Iowa	1.33	25	C	1.60	29	75.3%	4	59.6%	8	1.00	31
Kansas	0.15	29	C-	2.16	19	67.8%	21	51.7%	27	0.00	44
Kentucky	-5.55	48	D-	0.74	49	67.8%	21	49.6%	34	1.00	31
Louisiana	2.28	19	C	1.78	27	74.9%	6	51.7%	27	2.00	1
Maine	9.86	2	B	3.56	3	78.8%	3	60.1%	6	0.00	44
Maryland	5.77	6	B-	2.69	8	65.3%	33	54.2%	16	2.00	1
Massachusetts	4.72	8	C+	2.43	12	68.1%	20	53.2%	22	2.00	1
Michigan	4.40	10	C+	2.38	14	71.9%	13	56.3%	11	1.25	20
Minnesota	8.48	3	B	2.56	11	81.0%	2	67.9%	1	1.25	20
Mississippi	-3.63	42	D-	0.76	48	74.8%	7	52.5%	23	1.25	20
Missouri	6.97	5	B-	2.59	10	74.5%	9	56.5%	10	2.00	1
Montana	3.19	12	C	2.37	16	73.1%	11	59.4%	9	0.00	44
Nebraska	0.48	28	C-	1.57	30	71.9%	13	53.9%	17	1.50	16
Nevada	1.42	24	C	2.92	5	51.6%	49	41.8%	48	1.00	31
New Hampshire	2.89	14	C	2.37	16	67.5%	24	53.3%	21	1.00	31
New Jersey	-5.95	49	F	0.94	44	63.1%	38	45.3%	41	1.00	31
New Mexico	2.71	16	C	2.38	14	62.4%	41	51.7%	27	1.50	16
New York	2.55	17	C	2.41	13	59.8%	46	47.5%	36	2.00	1
North Carolina	-1.63	36	D	1.38	35	65.9%	32	47.0%	39	2.00	1
North Dakota	2.22	20	C	1.13	40	91.1%	1	63.3%	2	1.25	20
Ohio	-3.75	43	D-	1.36	36	66.3%	30	52.5%	23	0.00	44
Oklahoma	-3.76	44	D-	1.12	42	66.6%	29	48.1%	35	1.25	20
Oregon	1.63	23	C	1.88	25	69.9%	16	55.6%	13	1.25	20
Pennsylvania	-5.01	47	D-	0.93	46	62.3%	42	47.3%	38	1.50	16
Rhode Island	-1.25	32	D	1.13	40	68.3%	18	54.9%	15	2.00	1
South Carolina	-3.29	40	D-	0.60	50	71.2%	15	55.6%	13	2.00	1
South Dakota	-2.37	38	D	1.52	33	69.7%	17	53.4%	19	0.00	44
Tennessee	-6.55	50	F	0.80	47	64.2%	36	44.7%	42	1.00	31
Texas	-1.44	33	D	2.03	23	62.1%	43	41.7%	49	1.00	31
Utah	-3.45	41	D-	1.35	37	61.6%	45	49.7%	33	1.00	31
Vermont	4.66	9	C+	2.17	18	73.8%	10	60.1%	6	1.50	16
Virginia	-4.09	45	D-	1.01	43	64.5%	34	44.3%	44	2.00	1
Washington	10.80	1	B	4.28	1	66.0%	31	53.4%	19	0.25	42
West Virginia	-4.44	46	D-	1.17	39	64.4%	35	44.4%	43	1.25	20
Wisconsin	2.71	15	C	1.81	26	74.6%	8	60.2%	5	1.25	20
Wyoming	3.16	13	C	2.16	19	68.2%	19	60.3%	4	1.00	31
United States				1.89		64.6%		49.3%		1.25	(median)



Appendix IV: State-by-State Rankings on the Composite Indices—Political Participation

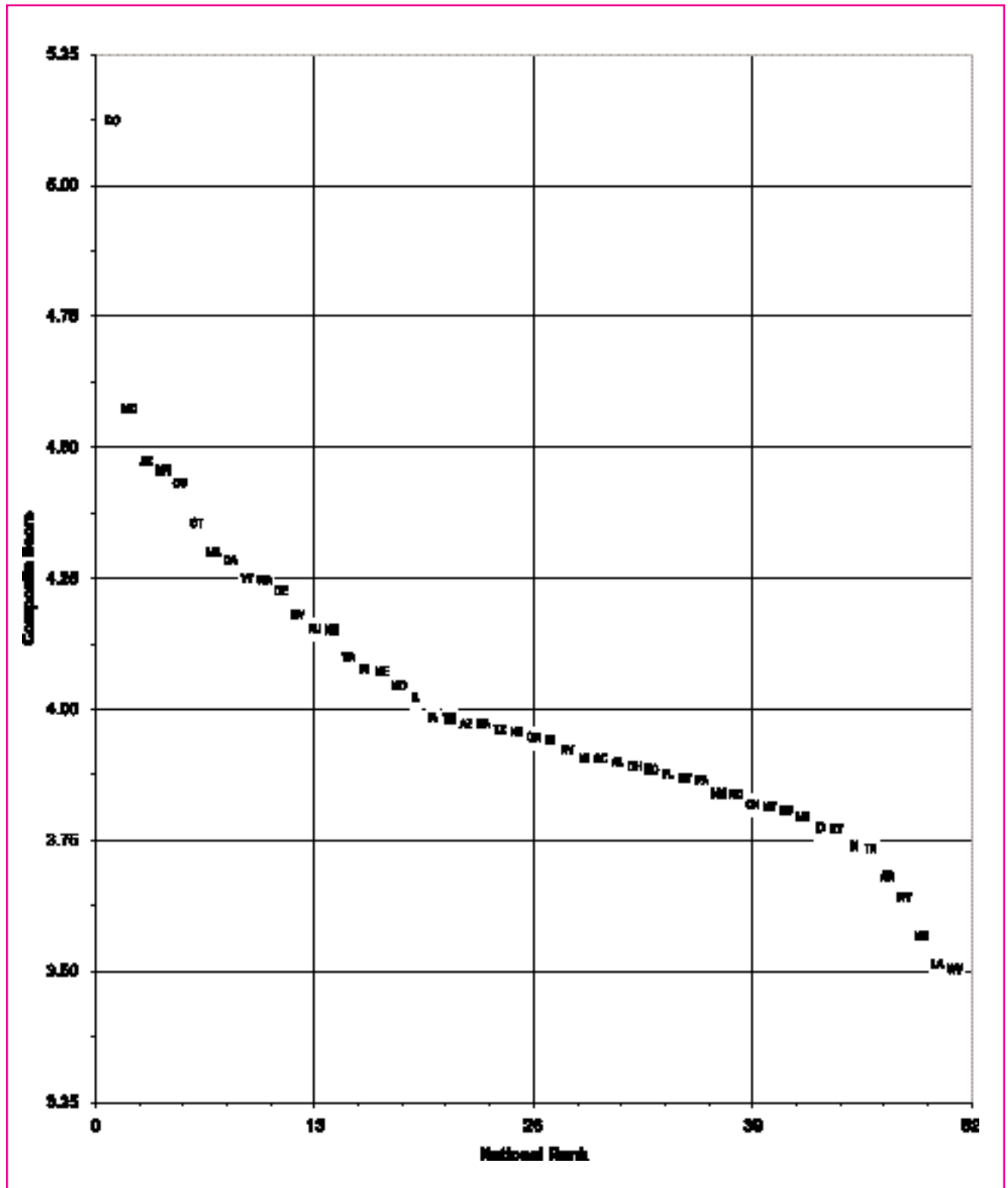


Appendix IV: State-by-State Rankings on the Composite Indices and Their Components—Employment and Earnings

State	Composite Index			Median Annual Earnings Full-Time, Year-Round for Employed Women		Earnings Ratio between Full-Time, Year-Round Employed Women and Men		Percent of Women in the Labor Force		Percent of Employed Women, Managerial or Professional Occupations	
	Score	Rank	Grade	Dollars	Rank	Percent	Rank	Percent	Rank	Percent	Rank
Alabama	3.90	30	C	\$25,850	25	76.5%	11	56.9%	45	30.3%	30
Alaska	4.47	3	B	\$31,680	2	76.9%	7	67.8%	4	35.7%	6
Arizona	3.97	22	C+	\$26,400	20	78.8%	5	56.6%	46	31.1%	26
Arkansas	3.68	47	D-	\$22,176	45	74.0%	20	56.1%	47	29.2%	40
California	4.28	8	B	\$29,986	10	81.1%	2	59.1%	37	34.5%	12
Colorado	4.43	5	B	\$29,568	11	75.3%	16	65.5%	10	38.9%	3
Connecticut	4.35	6	B	\$31,680	2	69.6%	41	62.9%	22	37.8%	4
Delaware	4.23	11	B-	\$29,568	11	80.0%	4	63.8%	18	31.1%	26
District of Columbia	5.12	1	A-	\$35,776	1	89.2%	1	64.7%	13	48.0%	1
Florida	3.88	33	C-	\$25,850	25	78.3%	6	55.7%	49	29.4%	38
Georgia	3.97	22	C+	\$25,344	30	72.4%	25	63.3%	19	31.6%	23
Hawaii	3.94	27	C	\$26,400	20	72.1%	27	62.6%	24	29.8%	33
Idaho	3.77	43	D	\$24,000	40	75.8%	14	61.9%	27	26.1%	51
Illinois	4.02	19	C+	\$28,000	14	69.4%	42	63.1%	20	31.5%	24
Indiana	3.74	45	D	\$25,000	34	67.6%	47	59.8%	34	28.5%	44
Iowa	3.98	20	C+	\$25,340	33	74.1%	19	65.7%	8	30.0%	32
Kansas	3.96	24	C+	\$25,344	30	72.4%	25	65.7%	8	29.8%	33
Kentucky	3.77	43	D	\$24,288	39	71.4%	32	57.9%	40	29.7%	36
Louisiana	3.51	50	F	\$22,176	45	65.2%	50	54.2%	50	28.7%	42
Maine	4.07	17	C+	\$25,850	25	76.0%	13	63.9%	17	32.3%	19
Maryland	4.57	2	B+	\$31,680	2	76.6%	9	64.3%	14	41.0%	2
Massachusetts	4.30	7	B	\$30,264	7	75.4%	15	61.4%	30	35.9%	5
Michigan	3.91	29	C	\$28,000	14	67.7%	45	61.5%	29	29.4%	38
Minnesota	4.46	4	B	\$30,659	6	76.6%	9	70.3%	1	35.2%	9
Mississippi	3.57	49	F	\$21,714	49	68.5%	44	57.0%	44	28.0%	46
Missouri	4.04	18	C+	\$26,400	20	72.9%	23	64.3%	14	31.9%	20
Montana	3.81	40	D+	\$21,500	51	70.5%	35	64.3%	14	31.4%	25
Nebraska	3.79	42	D+	\$23,232	41	70.2%	36	69.0%	2	26.3%	50
Nevada	3.92	28	C	\$26,400	20	76.1%	12	63.0%	21	27.3%	48
New Hampshire	4.15	13	B-	\$27,918	17	71.5%	30	66.7%	7	32.9%	15
New Jersey	4.15	13	B-	\$31,020	5	69.8%	39	58.4%	39	34.4%	13
New Mexico	3.84	37	D+	\$23,086	43	72.1%	27	57.2%	42	33.4%	14
New York	4.18	12	B-	\$30,000	9	76.8%	8	56.1%	47	34.6%	11
North Carolina	3.88	33	C-	\$24,816	37	73.0%	22	61.6%	28	30.1%	31
North Dakota	3.84	37	D+	\$21,714	49	72.0%	29	67.0%	6	29.8%	33
Ohio	3.89	32	C-	\$26,717	19	66.8%	48	60.9%	32	31.1%	26
Oklahoma	3.82	39	D+	\$25,000	34	74.9%	17	57.3%	41	29.2%	40
Oregon	3.95	26	C	\$25,850	25	68.8%	43	62.2%	26	32.4%	17
Pennsylvania	3.86	36	C-	\$26,884	18	70.1%	37	57.1%	43	30.6%	29
Rhode Island	4.08	16	C+	\$29,568	11	71.5%	30	60.6%	33	31.8%	22
South Carolina	3.90	30	C	\$24,816	37	70.9%	33	59.5%	35	32.8%	16
South Dakota	3.81	40	D+	\$22,000	48	70.9%	33	67.7%	5	28.6%	43
Tennessee	3.73	46	D	\$23,232	41	73.3%	21	59.1%	37	28.3%	45
Texas	3.96	24	C+	\$25,344	30	74.5%	18	59.4%	36	32.4%	17
Utah	3.87	35	C-	\$25,000	34	65.8%	49	62.7%	23	31.9%	20
Vermont	4.25	9	B	\$25,747	29	80.5%	3	65.3%	11	35.4%	8
Virginia	4.10	15	C+	\$28,000	14	67.7%	45	61.3%	31	35.7%	6
Washington	4.25	9	B	\$30,096	8	72.8%	24	62.6%	24	35.0%	10
West Virginia	3.50	51	F	\$22,176	45	70.0%	38	51.3%	51	27.8%	47
Wisconsin	3.98	20	C+	\$26,000	24	69.8%	39	68.3%	3	29.6%	37
Wyoming	3.64	48	F	\$22,541	44	64.4%	51	65.1%	12	26.9%	49
United States	4.00			\$26,884		72.7%		60.2%		32.2%	



Appendix IV: State-by-State Rankings on the Composite Indices—Employment and Earnings

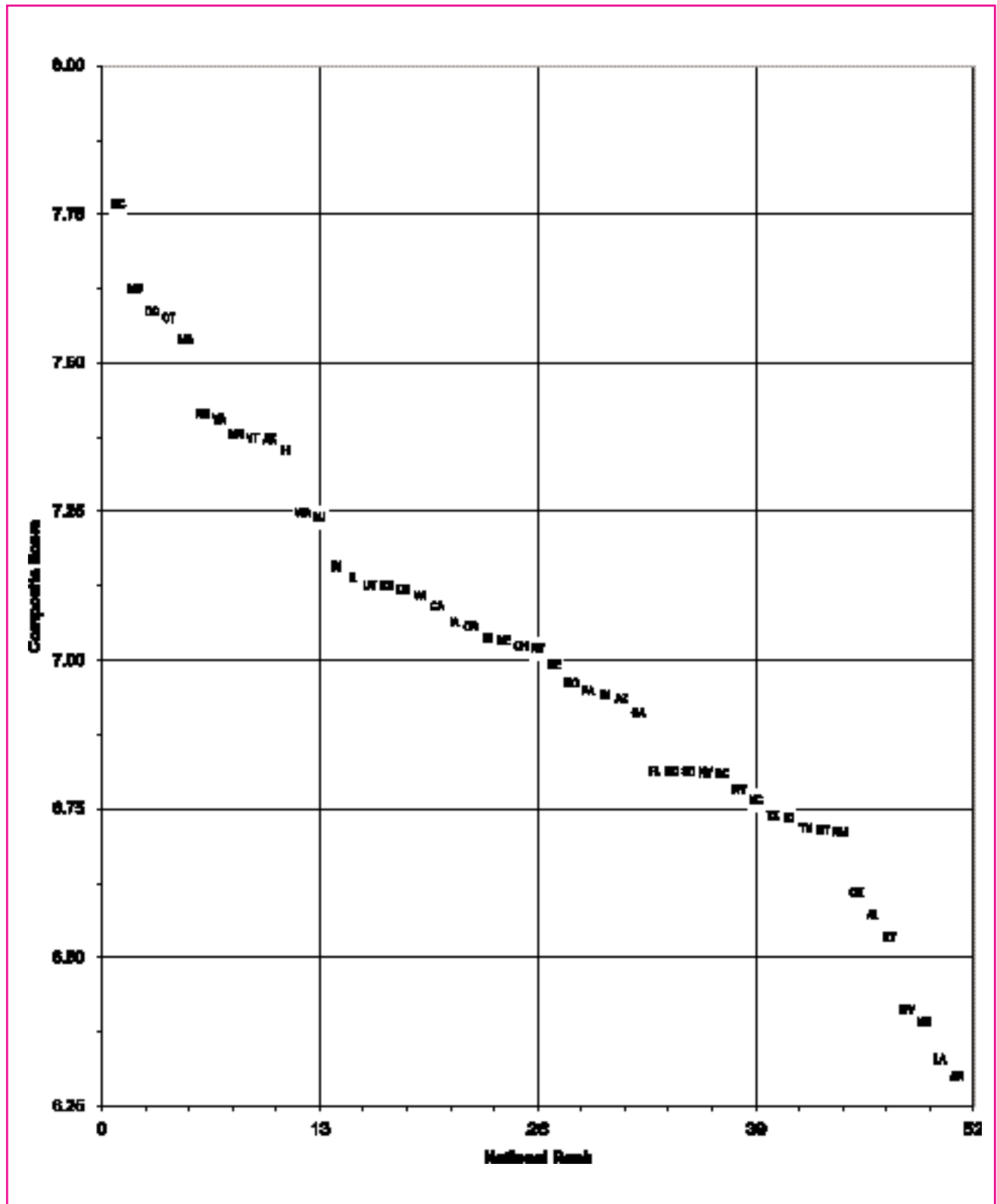


Appendix IV: State-by-State Rankings on the Composite Indices and Their Components—Social and Economic Autonomy

State	Composite Index			Percent of Women with Health Insurance		Percent of Women with Four or More Years of College		Percent of Businesses that are Women-Owned		Percent of Women Living above Poverty	
	Score	Rank	Grade	Percent	Rank	Percent	Rank	Percent	Rank	Percent	Rank
Alabama	6.57	46	D-	83.8%	30	13.5%	45	24.4%	33	85.1%	43
Alaska	7.37	9	B-	81.5%	39	22.2%	7	25.9%	18	91.1%	11
Arizona	6.93	31	C-	80.8%	44	17.2%	25	27.0%	13	87.1%	35
Arkansas	6.30	51	F	81.3%	42	11.9%	50	22.0%	50	83.6%	46
California	7.09	20	C+	79.1%	47	20.1%	13	27.3%	9	87.0%	37
Colorado	7.59	3	B	84.4%	28	23.5%	4	28.0%	4	91.7%	6
Connecticut	7.57	4	B	89.7%	7	23.8%	3	25.5%	24	91.8%	4
Delaware	7.12	16	C+	85.9%	24	18.7%	16	24.1%	36	90.2%	15
District of Columbia	7.77	1	B+	88.9%	10	30.6%	1	30.9%	1	83.2%	47
Florida	6.81	33	D+	79.6%	45	15.1%	36	25.9%	18	88.1%	31
Georgia	6.91	32	C-	83.4%	31	16.8%	27	25.6%	22	87.4%	32
Hawaii	7.35	11	B-	88.6%	11	20.9%	11	27.5%	6	89.1%	26
Idaho	6.73	41	D	83.0%	33	14.6%	41	23.5%	45	88.2%	30
Illinois	7.14	15	C+	83.3%	32	18.4%	17	27.2%	10	89.2%	24
Indiana	6.94	30	C-	87.2%	18	13.4%	46	25.9%	18	91.2%	10
Iowa	7.06	21	C	88.4%	12	15.0%	38	25.3%	25	92.0%	2
Kansas	7.12	16	C+	86.7%	22	18.4%	17	25.6%	22	89.2%	24
Kentucky	6.53	47	D-	81.4%	41	12.2%	49	23.4%	46	87.2%	34
Louisiana	6.33	50	F	76.8%	48	14.5%	42	23.9%	41	80.7%	51
Maine	7.03	24	C	87.0%	20	17.2%	25	24.0%	38	90.1%	16
Maryland	7.63	2	B	87.8%	15	23.1%	6	28.9%	3	91.3%	8
Massachusetts	7.54	5	B	90.1%	5	24.1%	2	26.6%	14	89.6%	20
Michigan	7.04	23	C	88.0%	14	15.1%	36	27.2%	10	89.8%	18
Minnesota	7.38	8	B-	91.4%	3	19.2%	15	26.4%	15	92.0%	2
Mississippi	6.39	49	F	81.5%	39	13.3%	47	22.8%	47	83.2%	47
Missouri	6.96	28	C-	87.2%	18	15.2%	35	25.2%	26	89.9%	17
Montana	6.71	43	D	79.3%	46	18.0%	20	23.9%	41	84.1%	45
Nebraska	6.99	27	C-	89.7%	7	16.7%	28	24.1%	36	89.0%	27
Nevada	6.81	33	D+	82.4%	36	12.8%	48	25.7%	21	90.4%	14
New Hampshire	7.41	6	B-	92.2%	2	21.1%	9	23.6%	44	92.5%	1
New Jersey	7.24	13	B-	83.0%	33	21.0%	10	23.7%	43	91.1%	11
New Mexico	6.71	43	D	70.7%	51	17.8%	22	29.4%	2	82.0%	50
New York	7.02	25	C	81.7%	38	20.7%	12	26.1%	17	85.1%	43
North Carolina	6.76	39	D+	84.7%	27	15.7%	32	24.5%	32	86.1%	41
North Dakota	6.81	33	D+	86.0%	23	16.7%	28	22.5%	49	87.4%	32
Ohio	7.02	25	C	87.5%	17	14.4%	43	26.2%	16	91.3%	8
Oklahoma	6.61	45	D-	76.5%	49	15.0%	38	24.0%	38	86.2%	40
Oregon	7.06	21	C	84.8%	26	18.1%	19	27.6%	5	86.9%	38
Pennsylvania	6.95	29	C-	89.9%	6	15.3%	34	24.2%	35	89.5%	21
Rhode Island	7.16	14	C+	94.0%	1	18.0%	20	24.6%	31	89.4%	23
South Carolina	6.81	33	D+	89.1%	9	14.7%	40	24.7%	30	87.1%	35
South Dakota	6.81	33	D+	86.8%	21	15.5%	33	21.5%	51	89.5%	21
Tennessee	6.72	42	D	87.8%	15	14.0%	44	24.0%	38	86.9%	38
Texas	6.74	40	D	75.8%	50	17.4%	24	25.0%	28	85.4%	42
Utah	7.12	16	C+	85.5%	25	17.5%	23	24.8%	29	91.4%	7
Vermont	7.37	9	B-	88.2%	13	23.2%	5	25.2%	26	88.7%	28
Virginia	7.40	7	B-	84.3%	29	21.3%	8	27.5%	6	90.8%	13
Washington	7.25	12	B-	82.8%	35	19.7%	14	27.5%	6	89.7%	19
West Virginia	6.41	48	F	81.3%	42	10.9%	51	27.1%	12	83.2%	47
Wisconsin	7.11	19	C+	91.4%	3	16.0%	31	24.4%	33	91.8%	4
Wyoming	6.78	38	D+	81.9%	37	16.1%	30	22.6%	48	88.4%	29
United States	7.00			83.4%		17.6%		26.0%		88.0%	



Appendix IV: State-by-State Rankings on the Composite Indices—Social and Economic Autonomy



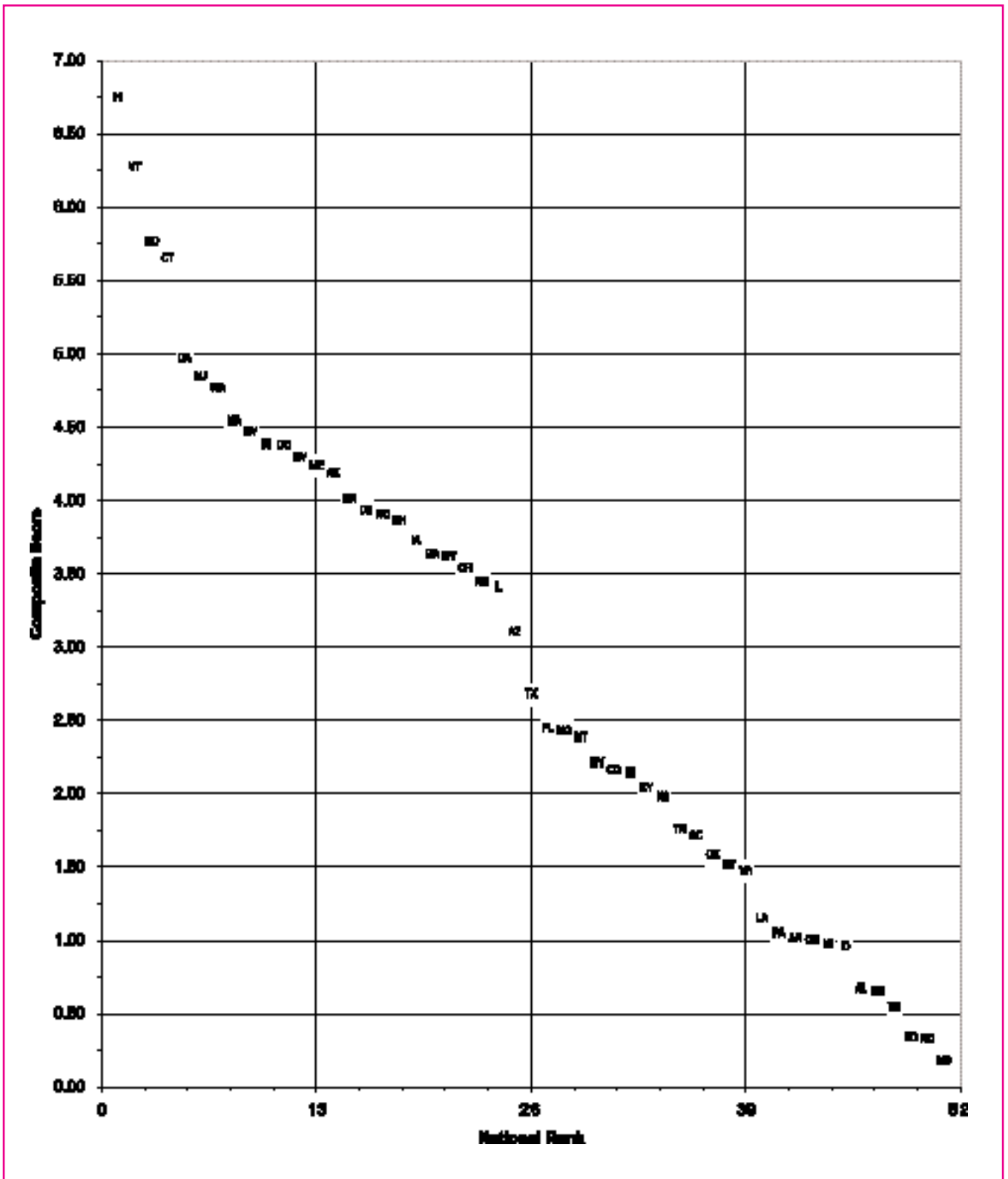
Appendix IV: State-by-State Rankings on the Composite Indices and Their Components—Reproductive Rights

	Composite Index	Parental Consent/ Notification	Waiting Period	Public Funding	Percent of Women Living in Counties with Providers	Contraceptive Coverage	Pro-Choice Government	Infertility	Second-Parent Adoption	Mandatory Sex Education		
State	Score	Rank	Grade	Score	Score	Score	Percent	Score	Score	Score	Score	Score
Alabama	0.67	46	F	0	0	0	42%	0.0	0.00	0.0	0.50	0
Alaska	4.19	14	B	0*	1	1	77%	0.0	0.67	0.0	0.50	1
Arizona	3.10	25	C+	0*	1	0	81%	1.0	0.67	0.0	0.25	0
Arkansas	1.01	42	F	0	0	0	22%	0.0	0.17	1.0	0.25	0
California	4.97	5	B+	0*	1	1	97%	1.0	1.00	0.5	0.50	0
Colorado	2.16	31	C-	0*	1	0	66%	0.5	0.50	0.0	0.00	0
Connecticut	5.65	4	A-	1	1	1	90%	1.0	1.00	0.5	1.00	0
Delaware	3.93	16	B-	0	0*	0	85%	1.0	0.83	0.0	0.50	1
Dist.Columbia	4.38	10	B	1	1	0	100%	0.0	1.00	0.0	0.75	1
Florida	2.45	27	C	0*	1	0	78%	0.0	0.17	0.0	0.00	1
Georgia	3.64	20	B-	0	1	0	51%	1.0	0.50	0.0	0.25	1
Hawaii	6.75	1	A	1	1	1	100%	1.0	1.00	1.0	0.50	1
Idaho	0.96	45	F	0	0	0	33%	0.5	0.00	0.0	0.25	0
Illinois	3.41	24	C+	0*	1	0	70%	0.0	0.33	1.0	0.75	1
Indiana	2.14	32	C-	0	0	1	39%	0.0	0.50	0.0	0.50	0
Iowa	3.73	19	B-	0	1	0	31%	1.0	0.67	0.0	0.50	1
Kansas	1.98	34	D+	0	0	0	52%	0.0	0.33	0.0	0.25	1
Kentucky	2.04	33	D+	0	0	0	25%	0.5	0.17	0.0	0.25	1
Louisiana	1.15	40	D-	0	0	0	40%	0.0	0.00	1.0	0.50	0
Maine	4.24	13	B	0	1	0	61%	1.0	1.00	0.0	0.25	1
Maryland	5.77	3	A-	0	1	1	85%	1.0	0.67	1.0	0.50	1
Massachusetts	4.54	8	B	0	0*	1	100%	1.0	0.67	1.0	0.75	0
Michigan	0.97	44	F	0	0	0	72%	0.0	0.00	0.0	0.50	0
Minnesota	4.01	15	B-	0	1	1	43%	0.5	0.33	0.0	0.50	1
Mississippi	0.18	51	F	0	0	0	18%	0.0	0.00	0.0	0.00	0
Missouri	2.43	28	C	0	1	0	47%	1.0	0.33	0.0	0.25	0
Montana	2.38	29	C	0*	0*	1	59%	0.0	0.17	1.0	0.25	0
Nebraska	0.66	47	F	0	0	0	53%	0.0	0.00	0.0	0.25	0
Nevada	4.30	12	B	0*	1	0	88%	1.0	0.67	0.0	0.50	1
New Hampshire	3.87	18	B-	1	1	0	74%	1.0	1.00	0.0	0.25	0
New Jersey	4.85	6	B+	0*	1	1	97%	0.5	0.50	0.0	0.75	1
New Mexico	3.45	23	C+	0*	1	1	53%	1.0	0.17	0.0	0.50	0
New York	4.46	9	B	1	1	1	92%	0.0	0.67	1.0	0.75	0
North Carolina	3.90	17	B-	0	1	0	61%	1.0	0.67	0.0	0.25	1
North Dakota	0.33	50	F	0	0	0	20%	0.0	0.00	0.0	0.25	0
Ohio	1.00	43	F	0	0	0	50%	0.0	0.00	1.0	0.00	0
Oklahoma	1.59	37	D	0	1	0	46%	0.5	0.00	0.0	0.25	0
Oregon	3.54	22	B-	1	1	1	62%	0.0	0.67	0.0	0.50	0
Pennsylvania	1.08	41	F	0	0	0	63%	0.0	0.17	0.0	0.50	0
Rhode Island	4.38	10	B	0	1	0	63%	1.0	0.50	1.0	0.50	1
South Carolina	1.71	36	D	0	0	0	42%	0.0	0.17	0.0	0.25	1
South Dakota	0.34	49	F	0	0	0	21%	0.0	0.00	0.0	0.25	0
Tennessee	1.75	35	D	0	0*	0	46%	0.0	0.17	0.0	0.25	1
Texas	2.68	26	C	0	1	0	68%	1.0	0.00	0.5	0.50	0
Utah	1.51	38	D	0	0	0	51%	0.0	0.00	0.0	0.00	1
Vermont	6.27	2	A-	1	1	1	77%	1.0	1.00	0.0	1.00	1
Virginia	1.48	39	D	0	0	0	52%	0.5	0.33	0.0	0.25	0
Washington	4.77	7	B+	1	1	1	85%	1.0	0.67	0.0	0.50	0
West Virginia	3.62	21	B-	0	1	1	16%	0.0	0.33	1.0	0.25	1
Wisconsin	0.55	48	F	0	0	0	38%	0.0	0.17	0.0	0.00	0
Wyoming	2.21	30	C-	0	1	0	25%	0.0	0.33	0.0	0.25	1

* Indicates the legislation is not enforced but remains part of the statutory code.



Appendix IV: State-by-State Rankings on the Composite Indices—Reproductive Rights



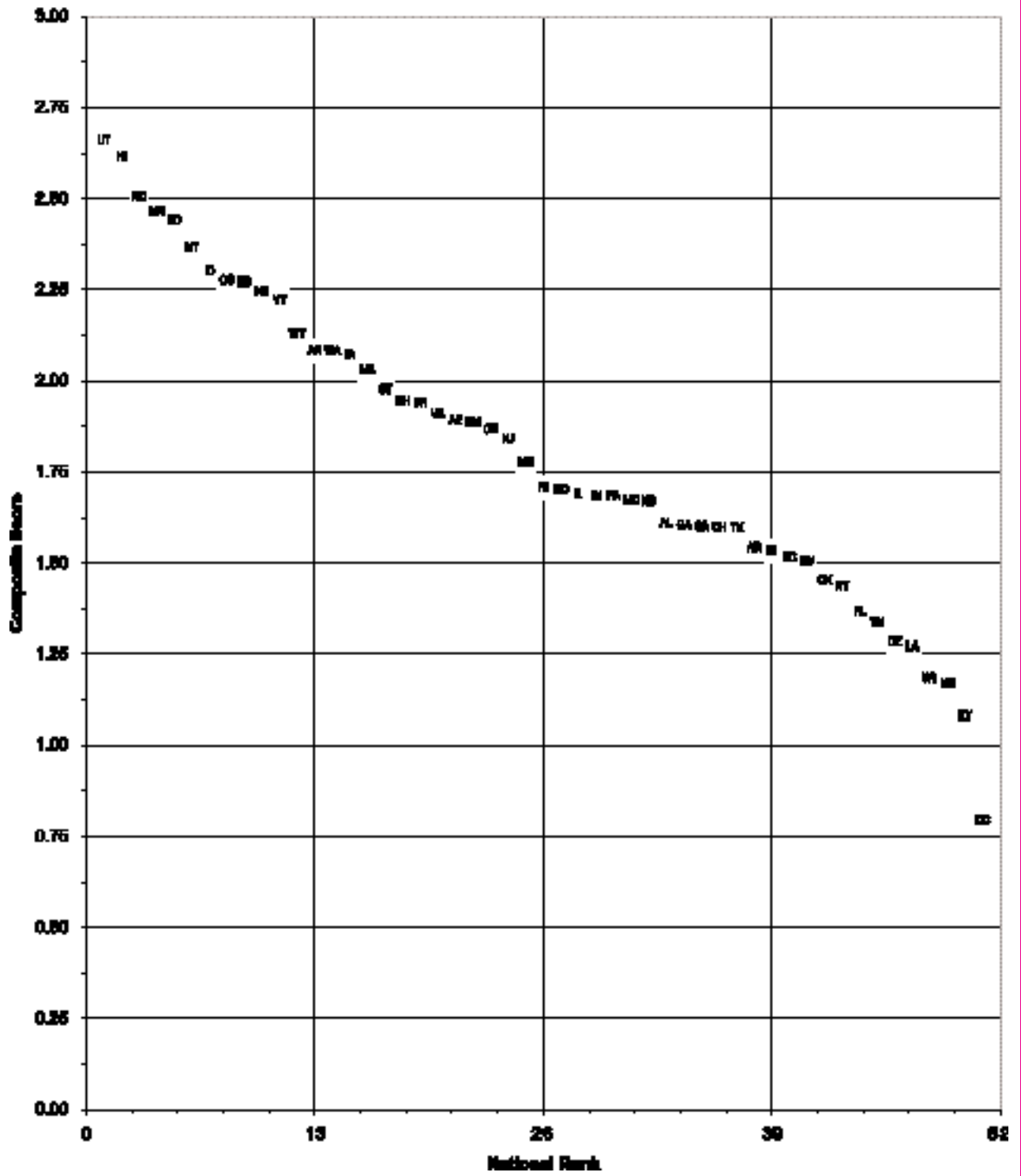
Appendix IV: State-by-State Rankings on the Composite Indices and Their Components—Health and Well-Being

State	Composite Index			Heart Disease Mortality		Lung Cancer Mortality		Breast Cancer Mortality		Incidence of Diabetes		Incidence of Chlamydia		Incidence of AIDS		Poor Mental Health		Suicide Mortality		Limited Activities	
	Score	Rank	Grade	Rate	Rank	Rate	Rank	Rate	Rank	Percent	Rank	Rate	Rank	Rate	Rank	Days	Rank	Rate	Rank	Days	Rank
Alabama	1.61	33	C-	130.5	17	38.7	16	26.9	13	7.4%	44	604.9	47	5.8	33	4.1	38	4.7	29	4.4	45
Alaska	2.08	13	B-	91.5	1	45.9	42	25.5	6	4.0%	1	632.8	49	2.6	20	3.7	21	8.4	50	2.9	5
Arizona	1.89	21	C+	138.6	21	38.8	17	25.7	7	5.8%	23	414.6	33	3.1	24	3.2	9	6.5	49	3.7	32
Arkansas	1.54	38	D+	160.9	32	43.6	33	26.6	10	6.3%	33	380.4	27	4.0	28	4.2	41	4.8	31	4.4	45
California	1.60	34	C-	164.6	36	39.1	19	27.2	17	6.1%	29	435.7	37	4.6	29	3.9	30	4.9	35	4.2	41
Colorado	2.27	8	B	112.6	6	31.3	3	23.6	2	4.1%	3	427.7	34	1.6	12	3.8	24	6.2	45	3.5	26
Connecticut	1.97	17	B-	144.9	24	41.5	26	30.1	39	5.1%	9	369.3	26	16.0	45	3.4	12	3.2	5	3.2	14
Delaware	1.28	46	D	166.0	39	50.2	48	33.5	50	5.6%	20	586.4	45	19.4	47	3.8	24	3.6	11	4.3	43
Dist. Columbia	0.79	51	F	137.2	19	41.4	25	40.4	51	8.2%	50	1009.5	51	87.8	51	4.2	41	3.1	4	3.6	29
Florida	1.37	44	D	162.0	35	43.8	34	27.1	14	6.9%	41	354.2	21	21.3	49	3.7	21	6.0	43	4.5	48
Georgia	1.60	34	C-	143.5	23	39.3	20	28.5	31	7.5%	46	602.1	46	9.6	40	4.0	32	4.2	20	3.8	35
Hawaii	2.62	2	A-	94.2	2	29.0	2	19.9	1	4.7%	7	464.6	41	2.8	22	2.7	1	5.1	38	3.3	18
Idaho	2.30	7	B	115.6	7	33.5	8	26.3	9	5.1%	9	228.8	8	0.2	2	4.2	41	5.1	38	3.2	14
Illinois	1.69	28	C	166.5	40	41.6	27	31.0	45	6.8%	40	407.6	29	8.0	37	3.5	14	3.2	5	3.5	26
Indiana	1.68	29	C	160.1	30	45.3	39	29.7	38	6.5%	35	358.4	23	2.6	20	4.1	38	4.2	20	3.4	23
Iowa	2.07	15	B-	161.6	34	36.5	11	28.0	26	6.1%	29	304.3	14	1.2	6	2.9	3	4.1	17	2.9	5
Kansas	2.27	8	B	126.1	13	38.3	13	26.2	8	5.5%	18	368.7	24	2.0	16	3.4	12	4.1	17	2.8	3
Kentucky	1.08	50	F	165.4	38	52.9	50	28.0	26	6.1%	29	317.4	16	2.4	18	5.3	51	4.2	20	6.1	51
Louisiana	1.27	47	D	160.8	31	45.0	37	30.5	42	7.5%	46	621.6	48	10.1	41	3.6	19	4.8	31	4.5	48
Maine	1.78	25	C+	148.7	25	50.2	48	27.8	23	5.5%	18	178.1	4	1.3	8	3.7	21	4.5	25	4.2	41
Maryland	1.67	31	C	157.9	29	46.3	44	31.5	46	5.8%	23	455.1	39	20.2	48	3.5	14	3.6	11	3.2	14
Massachusetts	2.03	16	B-	128.5	16	44.5	35	30.2	41	5.6%	20	264.4	11	11.9	43	3.8	24	3.2	5	3.3	18
Michigan	1.53	39	D+	182.8	47	42.7	30	28.9	36	6.7%	37	412.8	32	4.8	30	4.5	50	3.6	11	3.4	23
Minnesota	2.46	4	B+	97.8	3	35.6	9	27.6	20	5.1%	9	241.7	9	1.8	14	3.2	9	3.5	9	3.6	29
Mississippi	1.17	49	D-	182.6	46	40.0	21	28.6	33	8.2%	50	763.2	50	11.3	42	4.2	41	4.5	25	3.9	37
Missouri	1.70	27	C	177.2	44	45.7	41	27.9	24	5.9%	26	408.9	30	3.5	26	3.8	24	4.9	35	2.8	3
Montana	2.36	6	B	101.0	5	40.5	24	25.2	5	5.3%	15	247.1	10	0.0	1	3.0	5	6.4	48	3.1	10
Nebraska	2.25	10	B	120.3	9	33.2	7	27.7	22	4.5%	5	354.5	22	2.9	23	3.0	5	4.1	17	4	38
Nevada	1.50	41	D+	141.3	22	56.3	51	27.1	14	4.8%	8	351.7	20	6.2	34	4.2	41	9.2	51	3.5	26
New Hampshire	1.94	18	B-	161.0	33	47.7	46	30.1	39	4.0%	1	145.7	2	1.2	6	3.1	8	5.6	40	3.3	18
New Jersey	1.84	24	C+	173.6	43	42.9	31	32.6	49	5.4%	16	226.0	7	17.1	46	3.5	14	2.9	3	2.9	5
New Mexico	1.88	22	C+	124.4	12	31.9	5	26.7	12	6.7%	37	471.9	42	1.3	8	4.4	48	6.3	46	3.6	29
New York	1.44	43	D+	216.9	51	38.3	13	31.7	48	6.0%	27	285.7	13	23.4	50	3.8	24	2.8	1	3.4	23
North Carolina	1.67	31	C	153.9	27	39.0	18	28.6	33	6.7%	37	472.6	43	5.6	32	3.5	14	4.6	28	4	38
North Dakota	2.50	3	B+	120.9	10	31.7	4	28.0	26	5.2%	12	208.2	6	0.4	4	2.9	3	3.5	9	3	9
Ohio	1.60	34	C-	169.7	42	45.0	37	30.5	42	6.3%	33	431.7	35	2.2	17	4.0	32	3.4	8	3.7	32
Oklahoma	1.45	42	D+	184.5	48	44.5	35	27.5	19	6.0%	27	448.9	38	3.8	27	2.7	1	5.9	41	4.3	43
Oregon	1.87	23	C+	117.4	8	46.2	43	27.6	20	5.8%	23	309.3	15	1.4	10	4.3	46	6.3	46	3.7	32
Pennsylvania	1.68	29	C	168.6	41	40.3	22	30.8	44	7.4%	44	343.4	18	8.4	39	3.9	30	3.8	15	3.1	10
Rhode Island	1.71	26	C	179.6	45	46.5	45	31.5	46	5.2%	12	382.7	28	5.3	31	3.8	24	2.8	1	3.2	14
South Carolina	1.51	40	D+	155.0	28	38.3	13	27.9	24	7.0%	43	433.7	36	13.8	44	4.0	32	4.8	31	4.4	45
South Dakota	2.44	5	B+	127.7	14	32.1	6	25.0	4	5.4%	16	351.0	19	0.3	3	3.0	5	4.3	23	2.6	1
Tennessee	1.33	45	D	190.2	49	43.3	32	28.5	31	7.6%	48	410.6	31	8.1	38	3.5	14	5.0	37	4	38
Texas	1.59	37	C-	165.0	37	40.4	23	26.6	10	6.1%	29	559.4	44	6.4	35	4.1	38	4.4	24	3.8	35
Utah	2.66	1	A-	98.9	4	17.9	1	24.9	3	5.2%	12	150.3	3	1.9	15	4.0	32	6.0	43	2.9	5
Vermont	2.22	11	B	151.5	26	42.1	28	28.4	30	4.1%	3	143.2	1	1.5	11	3.2	9	3.7	14	3.1	10
Virginia	1.91	20	C+	137.8	20	42.2	29	29.4	37	6.9%	41	369.2	25	7.3	36	4.0	32	4.7	29	2.7	2
Washington	2.08	13	B-	123.0	11	45.5	40	27.1	14	5.7%	22	331.1	17	3.2	25	3.6	19	4.8	31	3.1	10
West Virginia	1.18	48	D-	190.2	49	50.1	47	28.6	33	7.6%	48	191.1	5	1.7	13	4.3	46	4.5	25	5	50
Wisconsin	1.94	18	C+	132.6	18	37.5	12	27.4	18	6.5%	35	462.6	40	2.4	18	4.4	48	4.0	16	3.3	18
Wyoming	2.13	12	B-	127.8	15	35.9	10	28.1	29	4.6%	6	279.5	12	0.5	5	4.0	32	5.9	41	3.3	18
United States	1.72			161.7		41.3		28.8		5.9%*		404.0		8.7		3.8*		4.4		3.5*	

* Median for all 50 states and the District of Columbia.



Appendix IV: State-by-State Rankings on the Composite Indices—Health and Well-Being



Appendix V: State and National Resources

Selected West Virginia Resources

ADAPT of West Virginia
505 Timberline Apartments,
Apartment # E-5
Morgantown, WV 26505
Tel and Fax: (304) 598-0171
Toll Free: (877) 860-1995
www.adaptwv.org
adapt@labyrinth.net

AIDS Awareness and Health
Promotion Program
P.O. Box 1000
Institute, WV 25112-1000
Tel: (304) 766-5130
Toll Free: (888) 343-2437
Fax: (304) 766-4105

AIDS Network
400 West Martin Street
P.O. Box 2306
Martinsburg, WV 25401
Tel: (304) 263-0738
Toll Free: (888) 955-6535
www.antsa.org
jaf@antsa.org

AIDS Prevention Centers
West Virginia Bureau for Public Health
Division of Surveillance and Disease
Control, AIDS Program
Room 125, 350 Capitol Street
Tel: (304) 558-2950
www.wvdhhr.org/bph/oehp/sdc/apc.htm

Alcoholics Anonymous of West
Virginia
See www.aawv.org/home.htm for more
information.

Alzheimer's Association - West
Virginia Chapter
Morgantown Regional Office
1299 Pineview Drive, Suite 3
Morgantown, WV 26505
Tel: (304) 599-1159
Toll Free: (877) 570-1159
www.labs.net/alz
millie.karlin@alz.org

Alzheimer's Association - West
Virginia Chapter
Charleston Regional Office
1200 Quarrier Street, Suite 4
Charleston, WV 25301
Tel: (304) 343-2733
Toll Free: (800) 491-2717
www.labs.net/alz

Alzheimer's Association - West
Virginia Chapter
Parkersburg Regional Office
508A Columbia Avenue
Williamstown, WV 26102
Tel: (304) 375-3948
www.labs.net/alz

American Association of University
Women-West Virginia
Contact: Judy Donaldson, AAUW West
Virginia Membership Vice President
Tel: (304) 363-2992
www.aauw.org/7000/branches.html

American Baptist Women's Ministries-
West Virginia Baptist Convention
P.O. Box 1019
Parkersburg, WV 26102-1019
Tel: (304) 422-6449
www.wvbc.org/page45.html

American Business Women's
Association-West Virginia
Mountain State Charter Chapter
Contact: Ramona Allen-Ramsey
Tel: (304) 984-3302
ABWA@citynet.net

Appalachian Center for Law and
Public Service
College of Law
P.O. Box 6130
West Virginia University
Morgantown, WV 26506-6130
Tel: (304) 293-7249
www.wvu.edu/~law/alumnidev/1applt.html

American Civil Liberties Union of
West Virginia
P.O. Box 3952
Charleston, WV 25339-3952
Tel: (304) 345-9246
Fax: (304) 345-9262
www.aclu.org/community/westvirg/wv.html

Appalachian Community Health
Center
725 Yokum Street
Elkins, WV 26241
Tel: (304) 636-3232

American Federation of State, County
and Municipal Employees, Council 77,
AFL-CIO
501 Leon Sullivan Way, Suite 103
Charleston, WV 25301
Tel: (304) 342-2114
Fax: (304) 342-2441
www.afscmewv.org
Council77@aol.com

Appalachian Legal Services
Charleston Office
922 Quarrier Street
Charleston, WV 25301
Tel: (304) 343-4481
Toll Free: (800) 834-0598
Fax: (304) 342-3011
www.appalserve.org

American Legion Auxiliary
Contact: Mary Rose Yoho,
Secretary/Treasurer
RR 1, Box 144A
Proctor, WV 26055-9616
Tel: (304) 455-3449
Fax: (304) 455-5825

Association for Women in Science,
West Virginia Chapter
Contact: Dr. Erica Harvey
Department of Chemistry
Fairmont State College
Fairmont, WV 26554
eharvey@mail.fscwv.edu

Beckley Area Foundation, Inc.
129 Main Street, P.O. Box 1092
Beckley, WV 25801-1092
Tel: (304) 253-3806
Fax: (304) 253-7304
Belington Health Clinic
210 Sturmer Street
Belington, WV 26250
Tel: (304) 823-2800

Berkeley County Diversity Committee
Berkeley County Board of Education
401 South Queen Street
Martinsburg, WV 25401
Tel: (304) 267-3500

- Branches, Inc.
P.O. Box 403
Huntington, WV 25708
Tel: (304) 529-2382
Fax: (304) 529-2398
- Caritas House, Inc.
1000 Elmer Prince Drive
P.O. Box 365
Morgantown, WV 26507
Tel: (304) 598-5111
- Catholic Charities
7 13th Street
Wheeling, WV 26003-3310
Tel: (304) 233-0880
Fax: (304) 233-9293
www.catholiccharitiesusa.org/states/west_virginia.htm
- Center for Economic Options, Inc.
214 Capitol Street, Suite 200
Charleston, WV 25301
Tel: (304) 345-1298
Fax: (304) 342-0641
www.centerforeconomicoptions.org
- Center for the Study of Ethnicity and Gender in Appalachia
349 Old Main Building
400 Hal Greer Boulevard
Marshall University
Huntington, WV 25755
Tel: (304) 696-3348
www.marshall.edu/cola/new.01/index.html
- Charleston Area Medical Center
Women and Children's Hospital
Family Resource Center
800 Pennsylvania Avenue
Charleston, WV 25302
Tel: (304) 388-2545
www.camcare.com/CAMC/CAMChome.htm
- Child Care Resource Center
14 Marvin Garden
Morgantown, WV 26505
Tel: (304) 292-7357
Toll Free: (888) 272-7357
- Coalition for West Virginia's Children
P.O. Box 1925
Charleston, WV 25338
Toll Free: (800) 883-5190
www.coalitionwvchildren.org
cwvc@coalitionwvchildren.org
- Common Cause-West Virginia
c/o Bob McDonald
1613 Myers Avenue
Dunbar, WV 25064
Tel: (304) 768-8021
Fax: (304) 340-0462
commoncause.org/states/westvirginia/contact.htm
- Communication Workers of America
Local 2001
2512 Kanawha Boulevard, East
Charleston, WV 26501
www.cwa-local-2001.50megs.com
cwa@verizonmail.com
- Communication Workers of America
Local 2004
P.O. Box 465
Fairmont, WV 26555
Tel: (304) 363-7525
www.geocities.com/cwalocal2004/index.htm
- Community Coalition for Social Justice
P.O. Box 160
Morgantown, WV 26506-0160
www.geocities.com/ccsjwv/index.html
ccsjwv@hotmail.com
- Compassionate Friend
1110 Johnson Avenue
Mulleins, WV 25882
Tel: (304) 877-5976
- Covenant House
1109 Quarrier Street, East
Charleston, WV 25301
Tel/Fax: (304) 344-8433
- Delta Sigma Theta Sorority, Inc.
Midwest Region
Contact: Carol E. Ware, Midwest Regional Director
cdubmw@aol.com
www.deltasigmatheta.org/midwest_region.htm
- Domestic Violence Clearinghouse for the State of West Virginia
432 Smith Hall
One John Marshall Drive
Marshall University
Huntington, WV 25755
Tel: (304) 696-3196
Fax: (304) 696-3085
www.marshall.edu/criminal-justice/cj/dv.html
criminal-justice@marshall.edu
- Family Crisis Center
P.O. Box 207
Keyser, WV 26726
Tel: (304) 788-6061
Fax: (304) 788-6374
- Family Crisis Intervention Center
P.O. Box 695
Parkersburg, WV 26102
Tel: (304) 428-2333
Fax: (304) 428-2398
- Family Refuge Center
P.O. Box 249
Lewisburg, WV 24901
Tel: (304) 645-6334
Fax: (304) 645-7368
www.familyrefugecenter.com
- Family Resource Network
West Virginia Governor's Cabinet on Children and Families
Building 5, Room 218
Capitol Complex
Charleston, WV 25305
Tel: (304) 558-0600
www.citynet.net/wvfamilies/frn.htm
cabinet@citynet.net
- Family Services of Marion County
1313 Locust Avenue
Fairmont, WV 26554
Tel: (304) 366-4750
- FEM (Female Equality Movement)
Center for Women's Studies
P.O. Box 6450
West Virginia University
Morgantown, WV 26506-6450
Tel: (304) 293-2339
Fax: (304) 293-3041

- Florence Crittenton Home and Services
Crittenton Services, Inc.
2606 National Road
Wheeling, WV 26003
Tel: (304) 242-7060
Toll Free: (800) 280-2229
Fax: (304) 242-7203
- Girl Scouts - Black Diamond Council
210 Hale Street
P.O. Box 507
Charleston, WV 25301
Tel: (304) 345-7722
Fax: (304) 345.6427
www.bdgsc.org
info@bdgsc.org
- Girl Scouts - Shawnee Council
153 McMillan Court
Martinsburg, WV 25401
Tel: (304) 263-8833
Fax & TTY: (304) 263-8836
users.stargate.net/~shawnee/index.html
shawnee@intrepid.net
- Girl Scouts - Southwestern
Pennsylvania Council (serves
Monongalia and Preston counties)
606 Liberty Avenue
Pittsburgh, PA 15222
Toll Free: (800) 248-3355
Fax: (412) 391-4413
info@gsswpa.com
www.girlscouts-wpa.org/gsswpa/01gss-
wpa1.html
- HIV Care Consortium
P.O. Box 1919
Shady Spring, WV 25918
Tel: (304) 763-5257
- HOPE, Inc.
P.O. Box 626
Fairmont, WV 26554
Tel: (304) 367-1100
Fax: (304) 367-0362
- Human Rights Commission of Beckley
409 South Kanawha Street
P.O. Drawer AJ
Beckley, WV 25801
Tel: (304) 256-1777
- Huntington Child Development
Academy
Marshall University
Huntington, WV 25755
www.marshall.edu/coe/childdevelop-
ment/
- Jericho House
401 4th Street
St Albans, WV 25177
Tel and Fax: (304) 727-0179
- Job Accommodation Network
P.O. Box 6080
Morgantown, WV 26506-6080
Tel: (304) 293-7186
Toll Free: (800) 526-7234
Fax: (304) 293-5407
www.jan.wvu.edu/english/contact.htm
jan@jan.icdi.wvu.edu
- Junior League of Charleston
1009 Bridge Road
Charleston, WV 25314
Tel: (304) 346-5856
- Junior League of Fairmont
208 1/2 Adams Street
Fairmont, WV 26554
Tel: (304) 363-4853
- Junior League of Huntington
617 9th Avenue
Huntington, WV 25701
Tel: (304) 523-4165
- Junior League of Parkersburg
1301 Murdoch Avenue
Parkersburg, WV 26101
Tel: (304) 422-6961
- Junior League of Wheeling
907 1/2 National Road
Wheeling, WV 26003
Tel: (304) 232-3164
- Kanawha Surgi-Center
4803 MacCorkle Avenue, SE
Charleston, WV 25304
Tel: (304) 925-6390
Toll Free: (800) 642-1011
- League of Women Voters of West
Virginia
Contact: Sharon Rowe, State President
31 Poplar Grove Estates
Princeton, WV 24740-9571
Tel: (304) 898-6308
www.lwvwwv.org
dhalley@lwvwwv.org
- Literacy Volunteers of Monongalia &
Preston Counties
1837 Listravia Avenue, Room 22
Morgantown, WV 26505
Tel: (304) 296-3400
www.monlva.50megs.com
- Literacy Volunteers of America - West
Virginia
1701 Fifth Avenue, Box #10
Charleston, WV 25312-1911
Tel: (866) 347-2300
Fax: (304) 414-4434
- Little Meadow Health Center
Pickens Road
Helvetia, WV 26224
Tel: (304) 924-5453
- March of Dimes-West Virginia
2333 MacCorkle Avenue, SW
P.O. Box 1446
St. Albans, WV 25177
Tel: (304) 727-2911
Toll Free: (800) 313-2911
Fax: (304) 722-2698
eflanagan@modimes.org
- Marshall University Diabetes Center
Joan C. Edwards School of Medicine
1600 Medical Center Drive,
Suite G500
Huntington, WV 25701-3655
musom.marshall.edu/diabetes/
- Marshall University Haven Program
for the Prevention of Violence Against
Women
112-113 Prichard Hall
Huntington, WV 25755
Tel: (304) 696-7181
www.marshall.edu/wcenter/haven.htm

Marshall University Robert C. Byrd
Center for Rural Health
Tel: (304) 691-1182
Fax: (304) 691-1183
plymale@marshall.edu
crh.marshall.edu

Marshall University Women's Center
135 Prichard Hall
Huntington, WV 25755
Tel: (304) 696-3338
www.marshall.edu/wcenter
wcenter@marshall.edu

Mercer County Women's International
League for Peace and Freedom
P.O. Box 238
Athens, WV 24712-0238
Tel: (304)384-7005
cna00049@wvnm.wvnet.edu

Morgantown Health Right Free Clinic
154 Pleasant Street
Morgantown, WV 26505
Tel: (304) 292-8234

Morgantown Service League
Old Stone House
313 Chestnut Street
Morgantown, WV 26505
Tel: (304) 296-7825

Mountaineer Boys and Girls Club
300 Court Street
Morgantown, WV 26505
Tel: (304) 292-7510

Multicultural Awareness Organization
West Virginia University-Parkersburg
300 Campus Drive
Parkersburg, WV 26104-8647

Narcotics Anonymous
Almost Heaven Area Meeting List
(Eastern Panhandle):
P.O. Box 2796
Martinsburg, WV 25402
Tel: (800) 777-1515
members.tripod.com/~na2day/index.htm

National Association of Social Workers
West Virginia Chapter
1608 Virginia Street East
Charleston, WV 25311
Tel: (304) 345-NASW (6279)
Fax: (304) 343-3295
www.naswwv.org
mail@naswwv.org

National Center for Human Relations
West Virginia State College
Campus Box 180
P.O. Box 1000
Institute, WV 25112-1000
Tel: (304) 766-4192
Fax: (304) 766-4193

National Council of Jewish Women-
West Virginia Section
P.O. Box 3839
Charleston, WV 25338-3839
Tel: (304) 610-4247
pndxtr1@charter.net

North Central West Virginia Legal
Aid Society
1988 Listravia Avenue
Morgantown, WV 26506
Tel: (304) 296-0082

Order of the Eastern Star (Grand
Chapter of West Virginia)
132 Barleywood Lane
Bradley, WV 25818
www.wvoes.org

Pine Haven Homeless Shelter
P.O. Box 3066
Beckley, WV 25801
Tel: (304) 255-9340
Fax: (304) 253-4835

Planned Parenthood Health Center
522 Grand Central Avenue
Vienna, WV 26105-2169
Tel: (304) 295-3331

Presbyterian Women - The Presbytery
of West Virginia
520 Second Avenue
South Charleston, WV 25303
Tel: (304) 744-7634
Fax: (304) 744-7649
www.westvirginiapresbytery.org/pres-
byterian_women.htm
pwvoffice@wvpresbytery.org

Professional Business Women's
Association
P.O. Box 2586
Martinsburg, WV 25402
www.pbwa.org

Professional Women's Council of
North Central West Virginia, Inc.
635 Villa Place
Morgantown, WV 26505
Tel: (304) 598-3286
Anna.Robinson@mail.wvu.edu

Randolph Elkins Health Department
201 Henry Avenue
Elkins, WV 26241
Tel: (304) 636-0396

Randolph County Vocational Center
200 Kennedy Drive
Elkins WV 26241
Tel: (304) 636-9195

Rape and Domestic Violence
Information Center, Inc.
P.O. Box 4228
Morgantown, WV 26505
Tel: (304) 292-5100 (Monongalia
County)
Tel: (304) 329-1687 (Preston County)
Tel: (304) 265-6534 (Taylor County)
Fax: (304) 292-0204
www.rdvic.org
RDVIC99@Earthlink.Net

Rebekahs (West Virginia Assembly)
Secretary - Virginia Lee Bradley
1534 Ravina Road
Charleston, WV 25314

Regents Bachelor of Arts Degree
Program
218 Prichard Hall
Marshall University
Huntington, WV 25755-2050
Tel: (304) 696-6400
Toll Free: (800) 906-4723
holbrook@marshall.edu

Regents Bachelor of Arts Degree
Program
West Virginia University
P.O. Box 6289
Morgantown, WV 26506-6289
Tel: (304) 293-5441

- Regents Bachelor of Arts Degree
Coordinator
West Virginia University-Potomac
State
Keyser, WV 26726
Tel: (304) 788-6921
- Regents Bachelor of Arts Degree
Program
300 Campus Drive
West Virginia University-Parkersburg
Parkersburg, WV 26104-8647
Tel: (304) 485-7567
157.182.176.39/jcc/rba/Default.htm
pam.braden@mail.wvu.edu
- Regents Bachelor of Arts Degree
Program
West Virginia University Institute of
Technology
405 Fayette Pike
Montgomery, WV 25136
Tel: (304) 442-3301
Toll Free: (888) 554-TECH
www.wvutech.edu/academics/BHS/reg
ents/index.html
hkuhn@wvutech.edu
- Resolve Family Abuse Program
1114 Quarrier Street
Charleston WV 25301
Tel: (304) 340-3550 (Office)
Tel: (304) 340-3549 (Shelter)
Fax: (304) 340-3614
- Rock Forge Neighborhood House
P.O. Box 847
Dellslow, WV 26531
Tel: (304) 292-3286
Salvation Army
Maryland and West Virginia Divisional
Headquarters
814 Light Street
Baltimore, MD 21230
Tel: (410) 347-9944
Fax: (410) 539-7744
www.salvationarmysouth.org/WVA.htm
- Scotts Run Settlement House
P.O. Box 398
Osage, WV 26543
Tel: (304) 599-5020
- Shack Neighborhood House
P.O. Box 600
Pursglove, WV 26546
Tel: (304) 599-5466
- Shenandoah Community Health Center
(Migrant Health Center)
Route 45 East Moler Avenue
P.O. Box 3236
Martinsburg, WV 25401
Tel: (304) 263-4956
- Shenandoah Valley Medical Systems
101 Clifton Court, Suite 112
Martinsburg, WV 25402
Tel: (304) 267-5477
Fax: (304) 263-8394
www.wvdhhr.org/ons/WIC_b6.htm
- Shenandoah Women's Center
236 W. Martin Street
Martinsburg, WV 25401
Tel: (304) 263-8522
Fax: (304) 263-8559
www.fris.org/swc.html
- Shepard's Center
Beckley Presbyterian Church
203 South Kanawha Street
Beckley, WV 25801
Tel: (304) 683-4955
- Shepard's Center
of the Greenbrier Valley
P.O. Box 54
Lewisburg, WV 24901
Tel: (304) 645-4196
- Small Business Development Center
315 West Stephen Street
Martinsburg, WV 25401
Tel: (304) 260-4385
Fax: (304) 260-4384
www.shepherd.edu/sbdcweb/
- Stone Haven Homeless Rehabilitative
Services
Route 10, Box 234
Itmann, WV 24847
Tel: (304) 294-8173
- Stop Abusive Family Environments
P.O. Box 234
Welch, WV 24801
Tel: (304) 436-8117
Fax: (304) 436-6181
www.wvsafe.org
- Tug Valley Recovery Shelter
P.O. Box 677
Williamson, WV 25661
Tel: (304) 235-6121
Fax: (304) 235-6167
- United Methodist Women West
Virginia Annual Conference
900 Washington Street East
P.O. Box 2313
Charleston, WV 25328-2313
Tel: (304) 344-8331
Toll Free: (800) 788-3746
Fax: (304) 344-2871
wvumc.org/womens.shtml
ShirleyF26@aol.com
- U.S. Small Business Administration
West Virginia District Office
Minority Enterprise Development
Women's Business Ownership
Welfare-To-Work
320 West Pike Street, Suite 330
Clarksburg, WV 26301
Tel: (304) 623-5631
Toll Free: (800) 767-8052
Fax: (304) 623-0023
www.sba.gov/wv
- United States Small Business
Administration
Charleston Branch Office
405 Capitol Street, Suite 412
Charleston, WV 25301
Tel: (304) 347-5220
Fax: (304) 347-5350
www.sba.gov/wv
- Valley Health Care
P.O. Box 247
Mill Creek, WV 26241
Tel: (304) 335-6158

Victim Advocate Program-Randolph
Co. Prosecuting Attorney's Office
Randolph County Courthouse -
2nd floor
4 Randolph Avenue
Elkins, WV 26241
Tel: (304) 636-4198

United Way of West Virginia
c/o United Way of
Kanawha Valley, Inc.
One United Way Square
Charleston, WV 25301-1098
Tel: (304) 340-3500
www.uwaychaswv.org

West Virginia Adult Basic Education
West Virginia Department of Education
Building 6, Room 230
1900 Kanawha Boulevard, East
Charleston, WV 26501
Tel: (304) 558-6317
Fax: (304) 558-3946
ABE Hotline: (800) 642-2670 for GED
on TV and GED on-line
wvabe.state.k12.wv.us/

West Virginia Advocates, Inc.
1207 Quarrier Street
Charleston, WV 25301
Tel: (304) 346-0847
Toll Free: (800) 950-5250

West Virginia AFL-CIO
501 Leon Sullivan Way
Charleston, WV 25301
Tel: (304) 344-3557
Fax: (304) 344-3550
www.wvafclcio.org
wvafclcio@wvafclcio.org

West Virginia Alliance for Women's
Studies
Contact: Mildred Bright
1134 Berwood Drive
Morgantown, WV 26505-3739
mildred_bright@hotmail.com

West Virginia
Attorney General's Office
Civil Rights Division
Consumer Protection and Antitrust
Division
812 Quarrier Street, 5th Floor
Charleston, WV 25301-9924
Tel: (304) 558-2021 (Main office)
Tel: (304) 558-8986 In-state Consumer
Hotline
Toll Free: (800) 368-8808
consumer@wvnet.edu
www.state.wv.us/wvag

West Virginia Bureau for Public Health
Health Statistics Center
350 Capitol Street, Room 702
Charleston, WV 25301-3712
Tel: (304) 558-2971
Fax: (304) 558-1035
www.wvdhhr.org/bph/

West Virginia Bureau of Employment
Programs
Job Service Offices
Contact: Quetta Muzzle, Director
4401 MacCorkle Avenue SE
Charleston WV 25304-2597
Tel: (304) 558-1138
Fax: (304) 558-1136
www.state.wv.us/scripts/bep/jobs/Locals

West Virginia Bureau of Senior
Services
1900 Kanawha Boulevard, East
Holly Grove, Building #10
Charleston, WV 25305-0160
Tel: (304) 558-3317
Fax: (304) 558-0004
www.state.wv.us/seniorservices

West Virginia Conference of
Catholic Women
1310 Byron Street
P.O. Box 230
Wheeling, WV 26003-0010
Tel: (304) 233-0880, Ext. 264

West Virginia Center for Dispute
Resolution
P.O. Box 828
Morgantown, WV 26507-0828
Tel: (304) 296-2124
Tel: (866) WVCDR-66
www.wvcdcr.org/index.htm
wvcdcr@wvcdcr.org

West Virginia Chamber of Commerce
P.O. Box 2789
Charleston, WV 25330
Tel: (304) 342-1115
Fax: (304) 342-1130
www.wvchamber.com

West Virginia Children's Health
Insurance Program
Toll Free: (877) WVA-CHIP
www.wvchip.org
wvchip@wvdhhr.org

West Virginia Coalition Against
Domestic Violence
Central Service Office
Team Coordinators
Elk Office Center
4710 Chimney Drive, Suite A
Charleston, WV 25302
Tel: (304) 965-3552
Fax: (304) 965-3572
www.wvcadv.org

West Virginia Commission on Aging
1900 Kanawha Boulevard, East
Charleston, WV 25305-0150
Tel: (304) 558-3317

West Virginia Community Voices
Partnership
1018 Kanawha Boulevard, Suite 1100
Charleston, WV 25301
Tel: (304) 558-0530
Fax: (304)-558-0532
www.wvvoices.org
symbol@citynet.net

West Virginia Department of Education
Coordinator of Nontraditional
Education and Work-Based Learning
1900 Kanawha Boulevard, East
Charleston, WV 25305
Tel: (304) 558-3430
wvde.state.wv.us
sharring@access.k12.wv.us

West Virginia Department of Health
and Human Resources
Bureau for Public Health
Room 702
350 Capitol Street
Charleston, WV 25301-3712
Tel: (304) 558-2971
Fax: (304) 558-1035
www.wvdhhr.org/bph

West Virginia Department of Health
and Human Resources
Bureau for Public Health Office of
Epidemiology and Health Promotion
Division of Health Promotion
Room 319
350 Capitol Street
Charleston, WV 25301-3715
Tel: (304) 558-0644
Fax: (304) 558-1553
www.healthywv.org

West Virginia Department of Health
and Human Resources Women's
Health Coordinator,
Bureau for Public Health Office of
Maternal, Child, and Family Health
350 Capitol Street, Room 702
Charleston, WV 25301-3712
Tel: (304) 558-2971
Fax: (304) 558-1035
www.wvdhhr.org/mcfh/

West Virginia Department of Health
and Human Resources
Bureau for Child Support Enforcement
Toll Free: (800) 249-3778
www.wvdhhr.org/bcse/index.htm

West Virginia Department of Health
and Human Resources
Bureau for Children and Families
350 Capitol Street, Room 730
Charleston, WV 25305-3711
www.wvdhhr.org/bcf
bcf@wvdhhr.org

West Virginia Department of Health
and Human Resources
Office of Community and Rural Health
Services
350 Capitol Street, Room 515
Charleston, WV 25301-3716
Tel: (304) 558-3210
Fax: (304) 558-1437
www.wvdhhr.org/ocrhs/index.htm

West Virginia Developmental
Disabilities Council
110 Stockton Street
Charleston, WV 25312
Tel: (304) 558-0416
Tel: (304) 558-2376 (TTD)
Fax: (304) 558-0941
www.state.wv.us/ddc/ghome.html

West Virginia Diocese of Wheeling-
Office of Women
1300 Byron Street
P.O. Box 230
Wheeling, WV 26003-0010.
Tel: (304) 233-0880, Ext. 264
kmuenze@dwc.org

West Virginia Education Association
1558 Quarrier Street, East
Charleston, WV 25311
Tel: (304) 346-5315
Toll Free: (800) 642-8261
Fax: (304) 346-4325
www.wvea.org
mail@wvea.org

West Virginia Family Planning
Program
Tel: (304) 558-5388
Toll Free: (800) 642-8522
Fax: (304) 558-7164
Familyplanning@wvdhhr.org
www.wvdhhr.org/mcfh/Womens_and_perinatal_services/FamilyPlanning/index.html

West Virginia Federation of
Democratic Women, Inc.
P.O. Box 883
Morgantown, WV 26507
www.wvfdw.org
info@wvfdw.org

West Virginia Federation of Teachers
AFT/AFL-CIO
1010 Lewis Street
Charleston, WV 25301
Toll Free: (800) 222-WVFT
www.wvft.org
info@wvft.org

West Virginia Federation of Republican
Women, Inc.
1412 Robin Hood Road
Charleston, WV 25314
Tel: (304) 744-3794
www.nfrw.org/statefederations/west_virginia.htm
jorslaughter@msn.com

WV FREE (Focus: Reproductive
Education and Equality)
P.O. Box 11042
Charleston, WV 25339
Tel: (304) 345-7578
www.wvfree.org/
staff@wvfree.org

West Virginia Gay and Lesbian
Coalition
P.O. Box 11033
Charleston, WV 25339
Tel: (304) 343-7305
members.aol.com/wvlgc
wvlgc@aol.com

West Virginia Governor's Cabinet on
Children and Families
Building 5, Room 218
Capitol Complex
Charleston, WV 25305
Tel: (304) 558-0600
www.citynet.net/wvfamilies
cabinet@citynet.net

West Virginia Governor's Office
1900 Kanawha Boulevard, East
Charleston, WV 25305
Tel: (888) 438-2731
www.state.wv.us/governor

West Virginia Head Start Association
51 16th Street
Wheeling, WV 26003
Tel: (304) 233-4450
Fax: (304) 233-3719
www.wvheadstart.org
questions@wvheadstart.org

West Virginia Higher Education
Policy Commission
1018 Kanawha Boulevard, East
Suite 700
Charleston, WV 25301
Tel: (304) 558-2101
Fax: (304) 558-5719
www.hepc.wvnet.edu

West Virginia Home Educators
Association
P.O. Box 3707
Charleston, WV 25337
Toll Free: (800) 736-WVHEA
wvhea@bigfood.com

West Virginia House of Delegates
State Capitol
Charleston, WV 25305
Tel: (304) 347-4836
www.legis.state.wv.us

West Virginia Human Rights Commission
1321 Plaza East, Room 106
Charleston, WV 25301-2616
Tel: (304) 558-2616
Tel: 1-888-676-5546
Fax: (304) 558-0085
www.state.wv.us/wvhrc

West Virginia League for Nursing
c/o Sally Eberhard, President
5 N. 19th Street
Wheeling, WV 26003
sheberhard@aol.com

West Virginia Legislative Reference and Information Center
Building 1, Room E-132
Charleston WV 25305-0610
Tel: (304) 347-4836
www.legis.state.wv.us/legishp.html
cglagola@mail.wvnet.edu

West Virginia Mental Health Consumers Association
Consumer Affairs Office
910 Quarrier Street
P.O. Box 11000
Charleston, WV 25301
Tel: (304) 345-7312
Toll Free: (800) 598-8847
Fax: (304) 414-2416
www.contac.org/wvmhca/

West Virginia NAACP
P. O. Box 651
Charlestown, WV 25414
Tel: (304) 725-7852
Fax: (304) 728-2752
jtolber@ix.netcom.com

West Virginia National Organization for Women
c/o Chris Hedges
P.O. Box 7
Spencer, WV 25276
chedges@wvadventures.net

West Virginia Nurses Association, Inc.
P.O. Box 1946
Charleston, WV 25327
Tel: (304) 342-1169
Toll Free: (800) 400-1226
Fax: (304) 346-1861
www.wvnurses.org

West Virginia Office of Maternal, Child, and Family Health
Division of Perinatal and Women's Health
350 Capitol Street, Room 702
Charleston, WV 25301-3712
Tel: (304) 558-2971
Fax: (304) 558-1035
www.wvdhhr.org/mcfh/

West Virginia PROMISE Scholarship Program
1018 Kanawha Boulevard, East Suite 700
Charleston, WV 25301
Tel: (304) 558-4418
Tel: (877) WV PROMISE
Fax: (304) 558-3264
www.promisescholarships.org
Morgenstern@hepc.wvnet.edu

West Virginia Senate
State Capitol
Charleston, WV 25305
www.legis.state.wv.us/legishp.html

West Virginia Small Business Development Center
Program Control Center
State Capitol Complex
Building 6, Room 652
1900 Kanawha Boulevard, East
Charleston, WV 25305
Tel: (304) 558-2960
Fax: (304) 558-0127
www.wvsbdc.org

West Virginia Small Business Development Subcenters
Program Control Center
1900 Kanawha Boulevard, East
Building 6, Room 652
Charleston, WV 25305
Tel: (304) 558-2960
Toll Free: (888) WVA-SBDC Fax: (304) 558-0127
www.wvsbdc.org/subcenter.htm

West Virginia State Bar
West Virginia State Bar Lawyer Referral Project
2006 Kanawha Boulevard, East
Charleston, WV 25311-2204
Tel: (304) 558-7991
Fax: (304) 558-2467
www.wvbar.org

West Virginia State Bar Pro Bono Referral Project
Toll Free: (800) 642-3617

West Virginia State Society, National Society of Daughters of the American Revolution
Contact: Carmen G. Silliman, Regent
131 S. Main Street
Moorfield, WV 26836
silliman@hardynet.com
www.wvdar.org

West Virginia Supreme Court of Appeals
Building 1, Room E317
1900 Kanawha Boulevard
Charleston, WV 25305-0830
Tel: (304) 588-2601
www.state.wv.us/wvsc
harlea@mail.wvnet.edu

West Virginia University
Center for Excellence in Disabilities
P.O. Box 6870
955 Hartman Run Road
Tel: (304) 293-4692 (voice & TDD)
Fax: (304) 293-7294
www.ced.wvu.edu

West Virginia University
Center on Aging
1186 Health Sciences Center North
P.O. Box 6129
Morgantown, WV 26506-6129
Tel: (304) 293-6771
Fax: (304) 293-8795
www.hsc.wvu.edu/coa

West Virginia University College of Law Clinical Law Program
P.O. Box 6130
Morgantown, WV 26506-6130
Tel: (304) 293-7249
Fax: (304) 293-3762
www.wvu.edu/%7Elaw/clinic/clinic.htm

West Virginia University
Division of Extended Learning
West Everly Street
P.O. Box 6800
Morgantown, WV 26506-6800
Tel: (304) 293-2834
Toll Free: (800) 2LEARN2
Fax: (304) 293-4899
www.wvu.edu/~exlearn

West Virginia University Division of Social Work
P.O. Box 6830
Morgantown, WV 26506-6830
Tel: (304) 293-3501
Fax: (304) 293-5936
www.as.wvu.edu/~socialwk

West Virginia University
Health Sciences and Technology Academy
Robert C. Byrd Health Sciences
P.O. Box 9026
Room 3023 HSN
Morgantown, WV 26506-9026
Tel: (304) 293-1651
Toll Free: (800) 345-4267
Fax: (304) 293-0574

West Virginia University HealthLine
Toll Free: (800) 982-8242
www.health.wvu.edu/hospitals/health-line.htm

West Virginia University Hospitals
Mary Babb Randolph Cancer Center
Medical Center Drive
P.O. Box 9300
Morgantown, WV 26506
Tel: (304) 293-4500 (appointments)
Tel: (304) 293-8012 (Betty Puskar Breast Care Center)
Tel: (304) 293-2370 (Cancer Information Service)
Toll Free: (800) 4-CANCER (Cancer Information Service Hotline)
www.hsc.wvu.edu/mbrcc/index.htm

West Virginia University
Institute for Public Affairs
P.O. Box 6317
Eberly College of Arts and Sciences
Morgantown, WV 26506
Tel: (304) 293-5432
Fax: 304-293-8644
www.polsci.wvu.edu/ipa/

West Virginia University
Institute of Technology
Social Justice Office
Tech Center, Room 101
405 Fayette Place
Montgomery, WV 25136
Tel: (304) 442-3096
Fax: (304) 442-3371

West Virginia University
President's Office for Social Justice
Stewart Hall
P.O. Box 6202
Morgantown, WV 26506-6202
Tel: (304) 293-5496
www.wvu.edu/~socjust/

West Virginia University Regional Research Institute
511 N. High Street
P.O. Box 6825
Morgantown, WV 26505-6825
Tel: (304) 293-2896
Fax: (304) 293-6699
www.rr.i.wvu.edu

West Virginia University
Rural Health Programs
Hilda R. Heady, Associate Vice-President for Rural Health
P.O. Box 6753
Morgantown, WV 26506-6753
Tel: (304) 293-6753
Fax: (304) 293-3005
www.hsc.wvu.edu/wvrhph
hheady@wvu.edu

West Virginia University Women in Academic Health Sciences Committee
Contacts: Dr. Maria Kolar and Dr. Kathleen Rosen, co-chairs
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West Virginia University Women's Cardiovascular Health Network
Robert C. Byrd Health Science Center
P.O. Box 9190
Morgantown, WV 26506
Tel: (304) 293-1824
Fax: (304) 293-8624
www.hsc.wvu.edu/womens-cvh/

West Virginia University
Women's Health Page
www.health.wvu.edu/clinical/women-shealth/index.htm

West Virginia University-Parkersburg
Social Justice Office
Contact: Judith A. Higgs,
Dean of Students
300 Campus Drive
Parkersburg, WV 26104-8647
Tel: (304) 424-8209
www.wvup.edu/student-services/social_justice.htm
judy.higgs@mail.wvu.edu

West Virginia Women, Infants, and Children Program (WIC)
Office of Nutrition Services
350 Capitol Street, Room 519
Charleston, WV 25301-3717
www.wvdhhr.org/ons/WIC.htm

WIC Program
Kanawha County Valley Health Systems, Inc.
4188 West Washington Street
Charleston, WV 25313
Tel: (304) 746-7880
Toll Free: (800) 953-4002

WIC Program
Monongalia County Health Department
1000 Elmer W. Prince Drive
Morgantown, WV 26505
Tel: (304) 598-5181
Toll Free: (800) 675-5181
Fax: (304) 598-5585

West Virginia Women's Commission
Capitol Complex
Building 6, Room 850
Charleston, WV 25305
Tel: (304) 558-0070
Fax: (304) 558-5167
www.wvdhhr.org/women
wvwc@wvdhhr.org

West Virginia Women's Studies Network
c/o Women's Studies Program
357 Old Main Building
400 Hal Greer Blvd.
Marshall University
Huntington, WV 25755
Tel: (304) 696-3643
jacksons@marshall.edu

West Virginia Workers' Compensation Division
West Virginia Bureau of Employment Programs
4700 MacCorkle Avenue, SE
Charleston, WV 25304-1964
Toll Free: (800) 628-4265
www.wvdhhr.org/ons/WIC_b.htm
pgrinste@wvbep.org

Women's Aid in Crisis
P.O. Box 2062
Elkins, WV 26241
Tel: (304) 636-8433
Crisis hotline: (800) 339-1185
Fax: (304) 636-8437
www.waicwv.com

Women's Health Center of West Virginia, Inc.
510 Washington Street, West
Charleston, WV 25302
Tel: (304) 344-9834
Toll Free: (800) 642-8670

Women's Resource Center
P.O. Box 1476
Beckley, WV 25802
Tel: (304) 255-2559
Fax: (304) 255-1585

Women's Studies Minor
c/o Dr. Sarah Coyne
Humanities Department
P.O. Box 295
West Liberty State College
West Liberty, WV 26074-0295
Tel: (304) 336-8189
www.wlsc.edu/HUMAN/WOMEN.HTM

Women's Studies Program
c/o Dr. Susan Jackson
357 Old Main Building
400 Hal Greer Blvd.
Marshall University
Huntington, WV 25755
Tel: (304) 696-3643
jacksons@marshall.edu
www.marshall.edu/womenstu

Women's Studies Program
c/o Dr. Betty Ellzey
Department of English
Shepherd College
Shepherdstown, WV 25443
Tel: (304) 876-5208
www.shepherd.edu/pub_info/catalog/womensstudies.html
bellzey@shepherd.edu

Women's Studies Program
c/o Dr. Barbara Howe
Center for Women's Studies
West Virginia University
P.O. Box 6450
Morgantown, WV 26506-6450
Tel: (304) 293-2339
Fax: (304) 293-3041
www.as.wvu.edu/wmst
wmst@wvu.edu

Women's Studies Program
c/o Dr. Cynthia Smith
Department of Psychology
316 Washington Avenue
Wheeling Jesuit College
Wheeling, WV 26003
Tel: (304) (304) 243-4429
Fax: (304) 243-2243
www.wju.edu/academics/undergrad/catalog/wom.asp
cysmith@wju.edu

Youth Health Service-Family Planning
971 Harrison Avenue
Elkins, WV 26241
Tel: (304) 636-9450

YWCA Family Violence Prevention Program
1100 Chapline Street
Wheeling, WV 26003
Tel: (304) 232-2748
Toll Free: (800) 698-1247
Fax: (304) 232-0513

YWCA of Charleston
1114 Quarrier Street
Charleston, WV 25301-2495
Tel: (304) 340-3560
Fax: (304) 340-3614
YWCA of Huntington
633 Fifth Avenue
Huntington, WV 25701-2095
Tel: (304) 525-8181

YWCA of Marion County
2019 Pleasant Valley Road
Fairmont, WV 26554-9295
Tel: 304.366-4480

YWCA of Parkersburg
501 Dudley Avenue
Parkersburg, WV 26101-2694
Tel: (304) 422-5465

YWCA of Wheeling
1100 Chapline Street
Wheeling, WV 26003-2999
Tel: 304.232-0511
Fax: 304.232-0513

National Resources

AARP

601 E Street, NW
Washington, DC 20049
Tel: (202) 434-2277
Tel: (800) 424-3410
Fax: (202) 434-7599
www.aarp.org

ACORN

739 8th Street, SE
Washington, DC 20003
Tel: (202) 547-2500
Fax: (202) 546-2483
www.acorn.org

Administration on Aging

U.S. Department of Health and Human Services
330 Independence Avenue, SW
Washington, DC 20201
Tel: (202) 619-7501
Fax: (202) 260-1012
www.aoa.gov

AFL-CIO Civil, Women's,
and Human Rights Department
815 16th Street, NW
Washington, DC 20006
Tel: (202) 637-3000
Fax: (202) 637-5058
www.aflcio.org

African American Women Business
Owners Association
3363 Alden Place, NE
Washington, DC 20019
Tel: (202) 399-3645
Fax: (202) 399-3645
aawboa@aol.com
www.blackpgs.com//aawboa

African American Women's Institute
Howard University
P.O. Box 590492
Washington, DC 20059
Tel: (202) 806-4556
Fax: (202) 806-9263
blackwomen@howard.edu
www.aawi.org

Agency for Health Care Research and
Quality
U.S. Department of Health and Human
Services
2101 E. Jefferson Street
Suite 501
Rockville, MD 20852
Tel: (301) 594-1364
Fax: (301) 594-2283
info@ahrq.gov
www.ahrq.gov

Alan Guttmacher Institute
1120 Connecticut Avenue, NW
Suite 460
Washington, DC 20036
Tel: (202) 296-4012
Fax: (202) 223-5756
policyinfo@guttmacher.org
www.guttmacher.org

Alzheimer's Association
919 North Michigan Avenue
Suite 1100
Chicago, IL 60611-1676
Tel: (312) 335-8700
Tel: (800) 272-3900
Fax: (312) 335-1110
info@alz.org
www.alz.org

American Association of Black Women
Entrepreneurs
P.O. Box 13933
Silver Spring, MD 20911-3933
Tel: (301) 565-0527

American Association of Homes and
Services for the Aging
2519 Connecticut Ave, NW
Washington, DC 20008-1520
Tel: (202) 783-2242
Fax: (202) 783-2255
www.aahsa.org

American Association of University
Women
1111 16th Street, NW
Washington, DC 20036
Tel: (800) 326-AAUW
TTY: (202) 785-7777
Fax: (202) 872-1425
info@aauw.org
www.aauw.org

AFSCME

American Federation of State, County,
and Municipal Employees
1625 L Street, NW
Washington, DC 20036-5687
Tel: (202) 429-1000
TTY: (202) 659-0446
Fax: (202) 429-1923
www.afscme.org

American Medical Association
1101 Vermont Avenue, NW
Washington, DC 20005
Tel: (202) 789-7400
Fax: (202) 789-7485
www.ama-assn.org

American Women's Medical
Association
801 Fairfax Street, Suite 400
Alexandria, VA 22314
Tel: (703) 838-0500
Fax: (703) 549-3864
info@amwa-doc.org
www.amwa-doc.org

American Nurses Association
600 Maryland Avenue, SW
Suite 100 West
Washington, DC 20024
Tel: (202) 651-7000
Tel: (800) 274-4ANA
Fax: (202) 651-7001
www.ana.org

American Psychological Association
750 First Street, NE
Washington, DC 20002-4242
Tel: (202) 336-5510
Tel: (800) 374-2721
TTY: (202) 336-6123
Fax: (202) 336-5500
www.apa.org

American Sociological Association
1307 New York Avenue, NW
Suite 700
Washington, DC 20005
Tel: (202) 383-9005
TTY: (202) 872-0486
Fax: (202) 638-0882
executive.office@asanet.org
www.asanet.org

American Women's Economic
Development Corporation
216 East 45th Street
10th Floor
New York, NY 10017
Tel: (212) 692-9100
Fax: (212) 692-9296
orgs.womenconnect.com/awed

Asian Women in Business
One West 34th Street
Suite 200
New York, NY 10001
Tel: (212) 868-1368
Fax: (212) 863-1373
info@awib.org
www.awib.org

Association of American Colleges and
Universities
1818 R Street, NW
Washington, DC 20009
Tel: (202) 387-3760
Fax: (202) 265-9532
www.aacu-edu.org

Association for Health Services
Research
1801 K Street, NW
Suite 701-L
Washington, DC 20006-1301
Tel: (202) 292-6700
Fax: (202) 292-6800
info@ahsrhp.org
www.ahsr.org

Association of Women in Agriculture
(AWA)
1909 University Avenue
Madison, WI 53705
Tel: (608) 231-3702
www.sit.wisc.edu/~awa/

Black Women United for Action
6551 Loisdale Court
Suite 222
Springfield, VA 22150
Tel: (703) 922-5757
Fax: (703) 922-7681
www.bwufa.org

Catalyst
120 Wall Street
New York, NY 10005
Tel: (212) 514-7600
Fax: (212) 514-8470
info@catalystwomen.org
www.catalystwomen.org

Catholics for a Free Choice
1436 U Street, NW
Suite 301
Washington, DC 20009-3997
Tel: (202) 986-6093
Fax: (202) 332-7995
cffc@catholicsforchoice.org
www.catholicsforchoice.org

Center for the Advancement
of Public Policy
1735 S Street, NW
Washington, DC 20009
Tel: (202) 797-0606
Fax: (202) 265-6245
capp@essential.org
www.caponline.org

Center for American Women and
Politics
Rutgers, The State University of New
Jersey
191 Ryders Lane
New Brunswick, NJ 08901
Tel: (732) 932-9384
Fax: (732) 932-0014
www.rci.rutgers.edu/~cawp

Center for Law and Social Policy
1015 15th Street, NW
Suite 400
Washington, DC 20005
Tel: (202) 906-8000
Fax: (202) 842-2885
www.clasp.org

Center for Policy Alternatives
1875 Connecticut Avenue, NW
Suite 710
Washington, DC 20009
Tel: (202) 387-6030
Fax: (202) 387-8529
www.cfpa.org

Center for the Prevention of Sexual
and Domestic Violence
2400 North 45th Street, #10
Seattle, WA 98103
Tel: (206) 634-1903
Fax: (206) 634-0115
cpsdv@cpsdv.org
www.cpsdv.org

Center for Reproductive Law and
Policy
1146 19th Street, NW
Washington, DC 20036
Tel: (202) 530-2975
Fax: (202) 530-2976
info@crlp.org
www.crlp.org

Center for Research on Women
University of Memphis
Clement Hall 339
Memphis, TN 38152-3550
Tel: (901) 678-2770
Fax: (901) 678-3652
crow@memphis.edu
ca.memphis.edu/isc/crow

Center for Women's Business Research
1411 K Street, NW, Suite 1350
Washington, DC 20005-3407
Tel: (202) 638-3060
Fax: (202) 638-3064
www.womensbusinessresearch.org

Center for Women Policy Studies
1211 Connecticut Ave, NW
Suite 312
Washington, DC 20036
Tel: (202) 872-1770
Fax: (202) 296-8962
cwps@centerwomenpolicy.org
www.centerwomenpolicy.org

Center on Budget and Policy Priorities
820 First Street, NE, Suite 510
Washington, DC 20002
Tel: (202) 408-1080
Fax: (202) 408-1056
www.cbpp.org

Centers for Disease Control and
Prevention
U.S. Department of Health and Human
Services
1600 Clifton Road
Atlanta, GA 30333
Tel: (404) 639-3311
www.cdc.gov/nchs

Child Care Action Campaign
330 Seventh Avenue, 14th Floor
New York, NY 10001
Tel: (212) 239-0138
Fax: (212) 268-6515
www.childcareaction.org

Child Trends, Inc.
4301 Connecticut Avenue, NW
Suite 100
Washington, DC 20008
Tel: (202) 362-5580
Fax: (202) 362-5533
www.childtrends.org

Children's Defense Fund
25 E Street, NW
Washington, DC 20001
Tel: (202) 628-8787
cdfinfo@childrensdefense.org
www.childrensdefense.org

Church Women United
475 Riverside Drive, Suite 1626
New York, NY 10115
Tel: (212) 870-2347
Fax: (212) 870-2338
www.churchwomen.org

Coalition of Labor Union Women
1925 K Street, NW, Suite 402
Washington, DC 20006
Tel: (202) 223-8360
Fax: (202) 776-0537
info@cluw.org
www.cluw.org

Coalition on Human Needs
1120 Connecticut Avenue, NW
Suite 910
Washington, DC 20036
Tel: (202) 223-2532
Fax: (202) 223-2538
chn@chn.org
www.chn.org

Communication Workers of America
501 Third Street, NW
Washington, DC 20001
Tel: (202) 434-1100
Fax: (202) 434-1279
www.cwa-union.org

Economic Policy Institute
1660 L Street, NW
Suite 1200
Washington, DC 20036
Tel: (202) 775-8810
Fax: (202) 775-0819
www.epinet.org

Equal Rights Advocates
1663 Mission Street
Suite 250
San Francisco, CA 94103
Tel: (415) 621-0672
Fax: (415) 621-6744
Advice/Counseling Line:
(800) 839-4ERA
www.equalrights.org

Family Violence Prevention Fund
383 Rhode Island Street
Suite 304
San Francisco, CA 94103
Tel: (415) 252-8900
TTY: (800) 595-4TTY
Fax: (415) 252-8991
www.fvvpf.org

Federally Employed Women
P.O. Box 27687
Washington, DC 20038-7687
Tel: (202) 898-0994
www.few.org

The Feminist Majority Foundation
1600 Wilson Boulevard
Suite 801
Arlington, VA 22209
Tel: (703) 522-2214
Fax: (703) 522-2219
femmaj@feminist.org
www.feminist.org

First Chance
Colorado Nonprofit Development
Center
4130 Tejon Street Suite A
Denver CO 80211
Tel: 720 855 0501
www.ruralwomyn.net/firstchance.html

General Federation of Women's Clubs
1734 N Street, NW
Washington, DC 20036-2990
Tel: (202) 347-3168
Fax: (202) 835-0246
www.gfwc.org

Girls Incorporated National Resource
Center
120 Wall Street, 3rd Floor
New York, NY 10005
Tel: (212) 509-2000
Fax: (215) 509-8708
www.girlsinc.org

Girl Scouts of the USA
420 5th Avenue
New York, NY 10018-2798
Tel: (800) GSUSA-4U
Fax: (212) 852-6509
www.girlscouts.org

Hadassah
50 West 58th Street
New York, NY 10019
Tel: (212) 355-7900
Fax: (212) 303-8282
www.hadassah.com

Human Rights Campaign
919 18th Street, NW
Suite 800
Washington, DC 20006
Tel: (202) 628-4160
Fax: (202) 347-5323
www.hrc.org

Institute for Research on Poverty
University of Wisconsin-Madison
1180 Observatory Drive
3412 Social Science Building
Madison, WI 53706-1393
Tel: (608) 262-6358
Fax: (608) 265-3119
www.ssc.wisc.edu/irp

Institute for Women's Policy Research
1707 L Street, NW, Suite 750
Washington, DC 20036
Tel: (202) 785-5100
Fax: (202) 833-4362
iwpr@iwpr.org
www.iwpr.org

International Center for
Research on Women
1717 Massachusetts Avenue, NW
Suite 302
Washington, DC 20036
Tel: (202) 797-0007
Fax: (202) 797-0020
www.icrw.org

International Labour Organization
1828 L Street, NW, Suite 600
Washington, DC 20036
Tel: (202) 653-7652
Fax: (202) 653-7687
washington@ilo.org
www.ilo.org

International Women's Democracy Center
1730 Rhode Island Avenue, NW
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Washington, DC 20036
Tel: (202) 530-0563
Fax: (202) 530-0564
info@iwdc.org
www.iwdc.org

Jacobs Institute of Women's Health
409 12th Street, SW
Washington, DC 20024-2188
Tel: (202) 863-4990
www.jiwh.org

Jewish Women International
1828 L Street, NW, Suite 250
Washington, DC 20036
Tel: (202) 857-1300
Fax: (202) 857-1380
www.jewishwomen.org

Joint Center for Political and Economic Studies
1090 Vermont Avenue, NW
Suite 1100
Washington, DC 20005-4928
Tel: (202) 789-3500
Fax: (202) 789-6390
www.jointcenter.org

Lambda Legal Defense and Education Fund
120 Wall Street, Suite 1500
New York, NY 10005-3904
Tel: (212) 809-8585
Fax: (212) 809-0055
www.lambdalegal.org

League of Conservation Voters
1920 L Street, NW, Suite 800
Washington, DC 20036
Tel: (202) 785-8683
Fax: (202) 835-0491
www.lcv.org

League of Women Voters
1730 M Street, NW, Suite 1000
Washington, DC 20036
Tel: (202) 429-1965
Fax: (202) 429-0854
www.lww.org

MANA - A National Latina Organization
1725 K Street, NW, Suite 501
Washington, DC 20006
Tel: (202) 833-0060
Fax: (202) 496-0588
www.hermana.org

McAuley Institute
8300 Colesville Road, Suite 310
Silver Spring, Maryland 20910
Tel: (301)588-8110
Fax: (301)588-8154
www.mcauley.org

Mexican American Legal Defense and Educational Fund
634 S. Spring Street
Los Angeles, CA 90014
Tel: (213) 629-2512
Fax: (213) 629-0266
www.maldef.org

Ms. Foundation for Women
120 Wall Street, 33rd Floor
New York, NY 10005
Tel: (212) 742-2300
Fax: (212) 742-1653
www.msfoundation.org

9 to 5, National Association of Working Women
231 W. Wisconsin Avenue Suite 900
Milwaukee, WI 53203-2308
Tel: (800) 522-0925
Tel: (414) 274-0925
Fax: (414) 272-2870
www.9to5.org

National Abortion Federation
1755 Massachusetts Avenue, NW
Suite 600
Washington, DC 20036
Tel: (202) 667-5881
Fax: (202) 667-5890
www.prochoice.org

National Abortion and Reproductive Rights Action League
1156 15th Street, NW, Suite 700
Washington, DC 20005
Tel: (202) 973-3000
Fax: (202) 973-3096
www.naral.org

National Asian Women's Health Organization
250 Montgomery Street
Suite 900
San Francisco, CA 94104
Tel: (415) 989-9747
Fax: (415) 989-9758
www.nawho.org

National Association of Anorexia Nervosa and Associated Disorders
P.O. Box 7
Highland Park, IL 60035
Tel: (847) 831-3438
Fax: (847) 433-4632
www.anad.org

National Association of Child Advocates
1522 K Street NW, Suite 600
Washington, DC 20005-1202
Tel: (202) 289-0777
Fax: (202) 289-0776
naca@childadvocacy.org
www.childadvocacy.org

National Association of Commissions for Women
8630 Fenton Street, Suite 934
Silver Spring, MD 20910
Tel: (301) 585-8101
Tel: (800) 338-9267
Fax: (301) 585-3445
www.nacw.org

National Association of the Deaf
814 Thayer Street
Silver Spring, MD 20910-4500
Tel: (301) 587-1788
TTY: (301) 587-1789
Fax: (301) 587-1791
NADinfo@nad.org
www.nad.org

National Association of Female Executives
P.O. Box 469031
Escondido, CA 92046
Tel: (800) 634-NAFE
Fax: (760) 745-7200
www.nafe.com

National Association of Negro
Business and Professional Women's
Clubs, Inc.
1806 New Hampshire Avenue
Washington, DC 20009
Tel: (202) 483-4206
Fax: (202) 462-7253
nanbpwc@aol.com
www.nanbpwc.org

National Association of Women
Business Owners
1595 Spring Hill Road
Suite 330
Vienna, VA 22182
Tel: (703) 506-3268
Fax: (703) 506-3266
national@nawbo.org
www.nawbo.org

National Black Women's
Health Project
600 Pennsylvania Avenue, SE
Suite 310
Washington, DC 20003
Tel: (202) 543-9311
Fax: (202) 543-9743

National Breast Cancer Coalition
1707 L Street, NW
Suite 1060
Washington, DC 20036
Tel: (202) 296-7477
Tel: (800) 622-2838
Fax: (202) 265-6854
www.natlbcc.org

National Center for American Indian
Enterprise Development
815 NE Northgate Way
2nd Floor
Seattle, WA 98125
Tel: (206) 365-7735
Fax: (206) 365-7764
www.ncaied.org

National Center for Lesbian Rights
870 Market Street, Suite 570
San Francisco, CA 94102
Tel: (415) 392-6257
Fax: (415) 392-8442
www.nclrights.org

National Coalition Against Domestic
Violence
P.O. Box 18749
Denver, CO 80218-0749
Tel: (303) 839-1852
Fax: (303) 831-9251
www.ncadv.org

National Committee on Pay Equity
P.O. Box 34446
Washington, DC 20043-4446
Tel: (301) 277-1033
Fax: (301) 277-4451
fairpay@patriot.net
www.feminist.com/fairpay

National Council for Research on
Women
11 Hanover Square
New York, NY 10005
Tel: (212) 785-7335
Fax: (212) 785-7350
ncrw@ncrw.org
www.ncrw.org

National Council of Negro Women
633 Pennsylvania Avenue, NW
Washington, DC 20004
Tel: (202) 737-0120
Fax: (202) 737-0476
www.ncnw.org

National Council of Women's
Organizations
733 15th Street, NW
Suite 1011
Washington, DC 20005
Tel: (202) 393-7122
Fax: (202) 387-7915
info@womensorganizations.org
www.womensorganizations.org

National Education Association
1201 16th Street, NW
Washington, DC 20036
Tel: (202) 833-4000
Fax: (202) 822-7974
www.nea.org

National Employment Law Project, Inc.
55 John Street, 7th Floor
New York, NY 10038
Tel: (212) 285-3025
Fax: (212) 285-3044
www.nelp.org

National Family Planning &
Reproductive Health Association
1627 K Street NW
12th Floor
Washington, DC 20006
Tel: (202) 293-3114
info@nfprha.org
www.nfprha.org

National Federation of Democratic
Women
19432 Burlington Drive
Detroit, MI 48203-1454
Tel: (313) 892-6199
Fax: (313) 892-8424
www.nfdw.org

National Federation of Republican
Women
124 North Alfred Street
Alexandria, VA 22314
Tel: (703) 548-9688
Fax: (703) 548-9836
www.nfrw.org

National Gay and Lesbian Task Force
1700 Kalorama Road, NW
Washington, DC 20009-2624
Tel: (202) 332-6483
Fax: (202) 332-0207
www.nglftf.org

National Law Center on Homelessness
and Poverty
1411 K Street, NW
Suite 1400
Washington, DC 20005
Tel: (202) 638-2535
Fax: (202) 628-2737
nlchp@nlchp.org
www.nlchp.org

National Organization for Women
733 15th Street, NW, 2nd Floor
Washington, DC 20005
Tel: (202) 628-8669
Fax: (202) 785-8576
now@now.org
www.now.org

National Organization for Women
Legal Defense and Education Fund
359 Hudson Street, 5th Floor
New York, NY 10014
Tel: (212) 925-6635
Fax: (212) 226-1066
www.nowldef.org

National Partnership for Women and
Families
1875 Connecticut Avenue, NW
Suite 650
Washington, DC 20009
Tel: (202) 986-2600
Fax: (202) 986-2539
info@nationalpartnership.org
www.nationalpartnership.org

National Political Congress of Black
Women
8401 Colesville Road
Suite 400
Silver Spring, MD 20910
Tel: (301) 562-8000
Tel: (800) 274-1198
Fax: (301) 562-8303
info@npcbw.org
www.npcbw.org

National Prevention Information
Network (HIV, STD, TB)
Centers for Disease Control and
Prevention
P.O. Box 6003
Rockville, MD 20849-6003
Tel: (800) 458-5231
Fax: (888) 282-7681
info@cdnpin.org
www.cdnpin.org

National Urban League
120 Wall Street
New York, NY 10005
Tel: (212) 558-5300
Fax: (212) 344-5332
info@nul.org
www.nul.org

National Women's Business Council
409 Third Street, SW
Suite 210
Washington, DC 20024
Tel: (202) 205-3850
Fax: (202) 205-6825
nwbc@sba.gov
www.nwbc.gov

National Women's Health Network
514 10th Street, NW
Suite 400
Washington, DC 20004
Tel: (202) 347-1140
Fax: (202) 347-1168
www.womenshealthnetwork.org

National Women's Health Resource
Center
120 Albany Street, Suite 820
New Brunswick, NJ 08901
Tel: (877) 986-9472
Fax: (732) 249-4671
www.healthywomen.org

National Women's Law Center
11 Dupont Circle, NW
Suite 800
Washington, DC 20036
Tel: (202) 588-5180
Fax: (202) 588-5185
www.nwlc.org

National Women's Political Caucus
1630 Connecticut Avenue, NW
Suite 201
Washington, DC 20009
Tel: (202) 785-1100
Fax: (202) 785-3605
www.nwpc.org

National Women's Studies Association
University of Maryland
7100 Baltimore Boulevard
Suite 500
College Park, MD 20740
Tel: (301) 403-0525
Fax: (301) 403-4137
nwsa@umail.umd.edu
www.nwsa.org

New Ways to Work
425 Market Street, Suite 2200
San Francisco, CA 94105
Tel: (415) 995-9860
Fax: (707) 824-4410
www.nww.org

OWL
The Voice of Midlife and Older
Women
666 11th Street, NW, Suite 700
Washington, DC 20001
Tel: (202) 783-6686
Tel: (800) 825-3695
Fax: (202) 638-2356
www.owl-national.org

Organization of Chinese-American
Women
4641 Montgomery Avenue
Suite 208
Bethesda, MD 20814
Tel: (301) 907-3898
Fax: (301) 907-3899

Pennsylvania Coalition Against
Domestic Violence and National
Resource Center
6400 Flank Drive, Suite 1300
Harrisburg, PA 17112
Tel: (717) 545-6400
Tel: (800) 537-2238
TTY: (800) 553-2508
Legal Line: (800) 903-0111
ext. 72
Fax: (717) 545-9456
www.pcadv.org

Pension Rights Center
1140 19th Street, NW
Suite 602
Washington, DC 20036
Tel: (202) 296-3776
Fax: (202) 833-2472
pnsnrigh@aol.com
www.pensionrights.org

Planned Parenthood Federation of
America
801 Seventh Avenue
New York, NY 10019
Tel: (212) 541-7800
Fax: (212) 245-1845
www.plannedparenthood.org

Population Reference
Bureau, Inc.
1875 Connecticut Avenue, NW
Suite 520
Washington, DC 20009-5728
Tel: (202) 483-1100
Fax: (202) 328-3937
popref@prb.org
www.prb.org

Poverty and Race Research Action
Council
3000 Connecticut Avenue, NW
Suite 200
Washington, DC 20008
Tel: (202) 387-9887
Fax: (202) 387-0764
info@prrac.org
www.prrac.org

Project Vote
88 Third Avenue, 3rd Floor
Brooklyn, NY 11217
Tel: (718) 246-7929
Fax: (718) 246-7939
pvnatfield@acom.org

Religious Coalition for Reproductive
Choice
1025 Vermont Avenue, NW
Suite 1130
Washington, DC 20005
Tel: (202) 628-7700
Fax: (202) 628-7716
info@rcrc.org
www.rcrc.org

Service Employers International Union
1313 L Street, NW
Washington, DC 20005
Tel: (202) 898-3200
Fax: (202) 898-3481
www.seiu.org

Substance Abuse and Mental Health
Services Administration
(SAMHSA)
5600 Fisher's Lane
Rockville, MD 20857
Tel: (301) 443-4795
Fax: (301) 443-0284
www.samhsa.gov

Third Wave Foundation
511 West 25th Street
Suite 301
New York, NY 10001
info@thirdwavefoundation.org
www.thirdwavefoundation.org

United Food and Commercial Workers
International Union
Working Women's Department
1775 K Street, NW
Washington, DC 20006
Tel: (202) 223-3111
Fax: (202) 728-1836
www.ufcw.org

U.N. Division for the Advancement of
Women
Two United Nations Plaza
New York, NY 10017
Tel: (212) 963-3177
Fax: (212) 963-3463

The Urban Institute
2100 M Street, NW
Washington, DC 20037
Tel: (202) 833-7200
Fax: (202) 331-9747
www.urban.org

U.S. Agency for International
Development
Office of Women in Development
Washington, DC 20523-3801
Tel: (202) 712-0570
Fax: (202) 216-3173
genderreach@dai.com
www.genderreach.org

U.S. Small Business Administration
Office of Women's Business
Ownership
409 Third Street, NW
Fourth Floor
Washington, DC 20416
Tel: (202) 205-6673
owbo@sba.gov

The White House Project
110 Wall Street, 2nd Floor
New York, NY
Tel: (212) 785-6001
admin@thewhitehouseproject.org
www.thewhitehouseproject.org

Wider Opportunities for Women
815 15th Street, NW, Suite 916
Washington, DC 20005
Tel: (202) 638-3143
Fax: (202) 638-4885
info@wowonline.org
www.wowonline.org

Women & Philanthropy
1015 18th Street, NW, Suite 202
Washington, DC 20036
Tel: (202) 887-9660
Fax: (202) 861-5483
www.womenphil.org

Women Employed
111 N. Wabash
13th Floor
Chicago, IL 60602
Tel: (312) 782-3902
Fax: (312) 782-5249
info@womenemployed.org
www.womenemployed.org

Women, Ink.
777 United Nations Plaza
New York, NY 10017
Tel: (212) 687-8633
Fax: (212) 661-2704
wink@womenink.org
www.womenink.org

Women Work!
The National Network for Women's
Employment
1625 K Street, NW
Suite 300
Washington, DC 20006
Tel: (202) 467-6346
Fax: (202) 467-5366
www.womenwork.org

Women's Cancer Center
815 Pollard Road
Los Gatos, CA 95032
Tel: (650) 326-6500
Fax: (408) 866-3858

Women's Environmental and
Development Organization
355 Lexington Avenue
3rd Floor
New York, NY 10017-6603
Tel: (212) 973-0325
Fax: (212) 973-0335
wedo@wedo.org
www.wedo.org

Women's Foreign Policy Group
1875 Connecticut Avenue, NW
Suite 720
Washington, DC 20009
Tel: (202) 884-8597
Fax: (202) 882-8487
wfp@wfp.org
www.wfp.org

Women's Funding Network
1375 Sutter Street, Suite 406
San Francisco, CA 94109
Tel: (415) 441-0706
Fax: (415) 441-0827
info@wfnet.org
www.wfnet.org

Women's Institute for a Secure Retirement
1201 Pennsylvania Avenue, NW
Suite 619
Washington, DC 20004
Tel: (202) 393-5452
Fax: (202) 638-1336
www.network-democracy.org/social-security/bb/whc/wiser.html

Women's International League for Peace and Freedom
1213 Race Street
Philadelphia, PA 19107
Tel: (215) 563-7110
Fax: (215) 563-5527
www.wilpf.org

Women's Law Project
125 S. 9th Street, Suite 300
Philadelphia, PA 19107
Tel: (215) 928-9801
info@womenslawproject.org
www.womenslawproject.org

Women's Research and Education Institute
1750 New York Avenue, NW
Suite 350
Washington, DC 20006
Tel: (202) 628-0444
Fax: (202) 628-0458
www.wrei.org

Women's Rural Entrepreneurial Network (WREN)
2015 Main Street
Bethlehem, NH 03574
Tel: (603) 869-WREN (9736)
Fax: (603) 869-9738
www.wrencommunity.org

Young Women's Christian Association of the USA (YWCA)
Empire State Building
350 Fifth Avenue, Suite 301
New York, NY 10118
Tel: (212) 273-7800
Fax: (212) 273-7939
www.ywca.org

The Young Women's Project
1328 Florida Avenue, NW
Suite 2000
Washington, DC 20009
Tel: (202) 332-3399
Fax: (202) 332-0066
ywp@youngwomensproject.org
www.youngwomensproject.org

Appendix VI: List of Census Bureau Regions

East North Central

Illinois
Indiana
Michigan
Ohio
Wisconsin

Pacific West

Alaska
California
Hawaii
Oregon
Washington

East South Central

Alabama
Kentucky
Mississippi
Tennessee

South Atlantic

Delaware
District of Columbia
Florida
Georgia
Maryland
North Carolina
South Carolina
Virginia
West Virginia

Middle Atlantic

New Jersey
New York
Pennsylvania

West North Central

West Virginia
Kansas
Minnesota
Missouri
Nebraska
North Dakota
South Dakota

Mountain West

Arizona
Colorado
Idaho
Montana
New Mexico
Nevada
Utah
Wyoming

West South Central

Arkansas
Louisiana
Oklahoma
Texas

New England

Connecticut
Maine
Massachusetts
New Hampshire
Rhode Island
Vermont

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